



GOVERNMENT SOCIAL SURVEY

Social Welfare for the Elderly

A study in thirteen Local Authority Areas
in England, Wales and Scotland

by Amelia I. Harris

Assisted by Rosemary Clausen

VOL. I

COMPARISON OF AREAS
AND SUMMARY

*An enquiry carried out on behalf of the
National Corporation for the Care of Old People
and the Scottish Home and Health Department*

LONDON

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17 OCT 1980

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CONTENTS

	<i>Page</i>
I INTRODUCTION	1
1.0 Reason for the inquiry	1
1.1 What is "need"?	2
1.2 Establishing criteria of need	3
1.3 Limitation of scope of the inquiry	4
II PILOT INQUIRY	5
III THE SAMPLE	6
3.0 Selection of areas	6
3.1 Sampling within each area	7
3.2 Organisation and dates of field work	9
3.3 Description of the areas	10
IV HOME HELPS	11
4.0 Administration	11
4.1 Home Help Organisers	12
4.2 Reviewing of need	12
4.3 Continuity of service	13
4.4 Recruitment of home helps	13
4.5 "Status" of service	14
4.6 Uniforms	15
4.7 Conditions of work	16
4.8 Proportions of elderly having service	16
4.9 Criteria for supplying home help	17
4.10 Limitations on supply	17
4.11 Charges for service	18
4.12 G.P.s' opinion of adequacy of service	19
4.13 Amount of time allotted	20
4.14 Duties of home help	22
4.15 Estimating the need	23
V HOUSING	26
5.0 Sheltered housing	26
5.1 Waiting lists	32
5.2 Review of waiting lists	32
5.3 Residential qualifications	33
5.4 Other restrictions	34
5.5 Factors taken into consideration when allocating	34
5.6 Local Authority tenants	35
5.7 Factors considered as criteria for rehousing	35
5.8 Reasons given by those rehoused	37

	<i>Page</i>
5.9 Distance from former dwelling	38
5.10 Viewing of accommodation	38
5.11 Help with the move	38
5.12 Making arrangements before move	38
5.13 Access to new dwelling	39
5.14 Welfare when rehousing	39
5.15 Use of Health and Welfare services	39
5.16 Those qualifying for rehousing	39
5.17 Future plans at time of interview	40
VI RESIDENTIAL HOMES	44
6.0 Distance away from old home	45
6.1 Numbers in residential accommodation	46
6.2 Who are the residents?	46
6.3 Reasons for entering Home	46
6.4 Preknowledge of Home	48
6.5 Whether residents like Home	49
6.6 Need for residential places	50
6.7 Estimating the need	51
6.8 Extra places needed	56
6.9 Short-term stays	57
6.10 Inadequacy of the estimates	57
6.11 Elderly in hospital	57
6.12 Staff of Welfare Departments	58
VII OTHER HEALTH AND WELFARE SERVICES	59
7.0 Meals-on-wheels	59
7.1 Chiropody	60
7.2 District Nursing	60
7.3 Health Visitors	60
7.4 Interdependence of the various services	61
VIII HOW IS ANY LOCAL AUTHORITY TO PLAN ITS SERVICES? ..	63
IX SUMMARY	66
9.0 Home helps	66
9.1 Housing	66
9.2 Residential Homes	68
X APPENDIX	71
Tables	71
Interviewing schedules	106

I INTRODUCTION

1.0 REASON FOR THE INQUIRY

The reason for doing the study at all goes back to the Ministry of Health 10-year plan for the development of community care, when all Authorities were asked to give details of their plans for the long-term development of their Health and Welfare Services, including those for meeting the needs of the elderly. In most cases plans included an increase in the proportion of places in Residential Homes, in sheltered housing, and in those domiciliary services of most importance to the elderly, such as home helps and Health Visitors. The latest revised figures* show an expectation of an increase of 10% in the total population from 1965 to 1976. The numbers of old people in the population, it is estimated, will increase by 20%. Over the same period the ratio of residential places per 1,000 persons for the elderly shows a planned increase of nearly 40%. Similarly, the planned number of units of sheltered houses shows an increase of more than double, of home helps 35%, and Health Visitors 40%. About half the Capital Building Programme from 1966-76 is scheduled for Homes for the Elderly.

These, however, are average figures for England and Wales. We would expect to find some variation in the figures for individual areas. Indeed, the plan shows that the forecast rates per 1,000 of residential places in County Councils ranged between 11.1 and 35.3, for County Boroughs the range was 13.4-39.9 and for London Boroughs 13.1-47.5. Similarly, for home helps the plans range from 0.24-2.06 per 1,000, the maximum provision planned being nearly 10 times as great as the minimum.

There are differences between the areas planning the highest and lowest provision. One is a County Council which has a very high economic status and a low proportion of old people, the other is a County Borough with a low economic status and a high proportion of old people.

However, we could compare two nearby County Boroughs in the same county each having roughly the same proportion of elderly in the population, and the same economic status, where the places per 1,000 in Residential Homes are 24.3 and 31.0 respectively, or we could compare two contiguous London Boroughs, of equal economic status, and with similar proportions of elderly people, and find that there is a difference of 40% in the proposed rates of home helps.

It was similar differences in the original 10-year plan which made the Governors of the National Corporation for the Care of Old People doubt whether the plans were based on the needs of the elderly or on what the Local Authorities thought they could afford. The Ministry of Health had also had some indication that the size of the service was sometimes determined without full knowledge of the extent of local need, and Authorities were asked to consider undertaking local studies to enable them to review realistically their service and plans†.

* Health and Welfare—the Development of Community Care—revision to 1975-76.

† Ministry of Health Circular 25/65.

Realising that many Local Authorities would be unlikely to have personnel available with the requisite technical knowledge to carry out a comprehensive study on their own, or indeed have the time to experiment, the Governors of the National Corporation for the Care of Old People offered to sponsor a survey with the object of trying to measure the need for given services and to develop a basic method which might be of use to those wanting to survey their own areas. Because the Ministry of Health were also extremely interested, the Government Social Survey were asked to consider the feasibility of such a study. After the pilot stage of the survey, the Scottish Home and Health Department expressed interest and the study was extended to cover Scotland.

1.1 WHAT IS "NEED"?

The first problem one meets is how to define "need". The legislation is rather loosely worded; "those needing care and attention not otherwise available to them" or "provide domestic help for households where such help is required . . .", leaving it to the providing Authorities to determine in what circumstances assistance may be given. This is not necessarily a bad thing, as it allows generous Authorities to act generously. On the other hand, it allows frugal Authorities to provide less liberally.

If, for example, we consider the provision of home helps. All Authorities provide this service. But the circumstances in which this help is given, and the duties performed, vary between the Authority which says that elderly people should be given, as far as possible, as much help as they need to keep their homes the way they would have kept them themselves had they been able, and the Authority which rules that home helps should spend the minimum amount of time necessary to ensure that the rooms used exclusively by old people are kept in a sanitary condition. The first of these Authorities would argue that seeing their homes sparkling and polished, with their knick-knacks dusted, has a big psychological effect—that their duty is not merely to try to keep old people going in their own homes for as long as possible, but to keep them happy in their homes. The second of these Authorities argues that as the service is subsidised by public money, it should be kept to the bare essentials to prevent deterioration.

Again, some Authorities rule that a home help can be provided for elderly people who are living with a working daughter; others say that even if the daughter is working full-time, no home help may be provided. Some Authorities will "compensate" a daughter who has to curtail her working hours because she needs to look after an aged parent by employing her as a home help for that number of hours. The duties might vary. One Authority will say the home help can keep all rooms clean, including the working daughter's if necessary, as this will help to keep the daughter from feeling the care of the parent is too much for her, and asking for a residential place. Others will say that only rooms used by the old person should be cleaned, including communally used rooms, while others still insist on only cleaning rooms used exclusively by the old person.

The same differences of interpretation of "need" occur in other fields such as Residential Homes, housing and meals-on-wheels. It must be emphasised that these differences are not necessarily due to practical difficulties in meeting a need, but in policy as to the circumstances which justify help being given.

It would have been impossible so to define the circumstances in which assistance is necessary so that the criteria would be acceptable to all National

and Local Authorities. It was therefore decided that what had to be done was to establish the criteria used by individual Authorities, and have need on these criteria.

1.2 ESTABLISHING CRITERIA OF NEED—SUGGESTED METHOD

Let us assume that where a service is being provided by an Authority (and for this purpose we are regarding rehousing and allocation of places in Residential Homes as a service) that that Authority is satisfied, on its own criteria, that there is a need for the service.

We would like to know the basis on which the need was assessed. We could do this by:

- (i) Asking the responsible official for a statement of the basis.
- (ii) Examining the records of those getting the service, or who are on "live" waiting lists, to extract from them enough details to enable us to compile a basis.
- (iii) Ask the elderly people for details of the circumstances which led to their being given the service.

There are difficulties in accepting any one of the above as a satisfactory method of finding the basis. Take housing for example.

- (a) While the Authorities may require certain basic conditions to apply before a person is considered for special old people's accommodation, it is likely that the fact that "each case is considered on its merits" may well cover a number of different considerations.
- (ii) The records may not be adequate for our purposes.
- (iii) The elderly person's statement may not be accurate, particularly if the rehousing took place some years ago.

It was decided, therefore, that we use all three ways, to get as full a picture as possible of the existing situation.

- (a) (i) Ask Authorities on what basis they allocate the service at the present time.
- (ii) Ask how many housing units of various types they administer.
- (b) Draw a sample of elderly people so serviced—this sample could, if numbers permitted, be confined to those rehoused in the last 12 months, or two years, etc.
- (i) Ask for permission to check records, and where these differ from (a) ask why this particular case was given this particular service. [We may find an elderly person was rehoused in a warden scheme because it was essential she be rehoused, and this was the only accommodation available, although a "warden" flatlet was not really essential.]
- (ii) Interview the elderly person. For current services, such as home helps, we would obtain details of conditions which necessitate the provision of the service, while for those rehoused or in Residential Homes, we would be interested in the reason for their being moved, and the conditions in which they were living immediately prior to the move.

If this were to be repeated in different areas, we would expect their different standards to meet different levels of need. The method proposed would enable levels of need to be estimated according to the different standards applied by

different Authorities. Local Authorities in areas not covered by this inquiry could decide which standard to apply so as to assess their own need, although it would be necessary for them to take into account the circumstances of their own area.

1.3 LIMITATION OF SCOPE OF THE INQUIRY

If we were to attempt to apply this technique to cover the vast range of old peoples' services—from home helps to cheap laundry facilities and loans of medical equipment, we would need to get the co-operation of dozens of people in any one area. This would not only be very difficult, but might well be unrewarding. In the "Meals-on-Wheels" survey*, it was apparent that the supplier's stated basis for help was not necessarily an indication of where they actually delivered meals.

Another point we had to bear in mind was that while some of the domiciliary services might well be a boon and comfort to old people living at home, the failure to provide one or the other on its own would hardly affect their ability to continue to live in their own homes. Some are a great deal more valuable from this point of view than others. For example, one of the things we inquired into in Lewisham† was the changing of library books. It is hardly likely that this would be a determining factor in deciding whether or not a place in a Residential Home was needed. An inquiry into all domiciliary services being supplied in one area might well prove impracticable.

Since the purpose of this survey was to determine need in order to guide Authorities in planning to meet need, it was suggested that for this part of the inquiry the scope be limited to cover those services directly administered by the Local Authority, that is the Home Help Service, Home Nursing Services, Health Visitors, and any others, administered by the Medical Officer of Health and/or Welfare Officer. We could not, in this inquiry, overcome the difficulties associated with measuring the need for Mental Health Services. There has been a lot of work in this field, and it may be that a separate survey could be planned.

This would limit the number of responsible persons whom we have to ask about the bases on which services are allocated. They could, however, be asked their attitudes towards the permissive services that are not being administered by them. If, in fact, permissive services are being operated by voluntary organisations without help (financial or otherwise) from the L.A., these will be ignored. If with help, the appropriate L.A. official could be asked on what bases they think help should be given now, or if ample resources were available. But this is as far as one could practically be expected to go.

When planning the inquiry, some attempt was to be made to assess the adequacy of the hospital service, and whether there were patients in hospital who could be discharged either to a Residential Home, or to their own homes if adequate housing and any necessary domiciliary services were made available.

* "Meals-on-Wheels Services" by Amelia I. Harris, published by The National Corporation for the Care of Old People.

† "Health and Welfare of Older People in Lewisham", GSS report No. 327 by Amelia I. Harris.

II PILOT INQUIRY

A full-scale pilot survey was carried out in Gosport M.B. This area was chosen for a number of reasons. Firstly, it was near enough to London to enable the Research Officer and assistant to travel to the area on the numerous occasions it would be necessary. Secondly, being a non-County Borough, it entailed the opportunity of testing County reaction and services. Then this Borough had approximately average proportion of people of retirement age in the population, was of reasonable size, and of not too high an economic status, which precluded the selection of a large number of areas in the Home Counties. Lastly, the Medical Officer of Gosport, Dr. Nelson, had himself carried out research in the field of old people, and could be relied upon for constructive comment on method and procedure.

In all, 15 County and Gosport officials were interviewed, and complete co-operation was achieved.

Interviews were also conducted with samples of those:

	<i>Response rate % interviewed</i>
(1) Rehoused in last 5 years	90
(2) On housing waiting list	95
(3) Having home helps	95
(4) In residential old persons' accommodation	92
(5) On waiting list for residential accommodation	95
(6) In the general population, aged 60 and over	90

as well as 27 of the 30 G.P.s covering the area.

Hospital Accommodation

No attempt was made in the pilot to cover the demand for hospital accommodation, except to ask doctors what difficulties they had had, and how many of their patients needed this accommodation, but could not be admitted at the present time.

The testing of the method in this area showed that while the housing and home help estimates could be made, the data collected was inadequate on the need for residential places, but it was thought that the schedule could be redesigned to enable a reasonable estimate to be made.

As a result of this pilot, the National Corporation for the Care of Old People agreed to sponsor a full-scale inquiry.

III THE SAMPLE

3.0 SELECTION OF AREAS FOR FULL-SCALE INQUIRY

The idea of a national sample had to be abandoned, as it would have resulted in having to interview thousands of officials. Secondly, it would have meant that the sample of old people on which to base estimates would have had to be extremely large, and prohibitively costly. It was finally agreed to limit the work to eight Local Authority areas in England and Wales. [While the work was in progress, the Scottish Home and Health Department asked that Scotland be included, and a further three areas in Scotland were added.]

Since the idea was to examine different types of area, the method used for selecting the areas was as follows:

The country was divided into authority areas of two types, namely County Councils and County Boroughs and within each of these strata they were ranked in descending order according to a scale which takes into account the following factors:

- (1) Proportion of elderly (65 and over) persons in the population.
- (2) Proportion of elderly for whom L.A. is responsible (in Local Authority and Vol. Homes).
- (3) Ratio of home helps (full-time equivalents) to elderly people (65 and over).
- (4) Ratio of Health Visitors and Home Nurses to elderly people (65 and over).
- (5) Ratio of chronic sick in their own homes to whom L.A. provides help, to elderly people (65 and over).
- (6) Ratio of new dwellings completed by L.A. since 1945 to total population.
- (7) Proportion of total population in dwellings with exclusive use of w.c., bath, kitchen, piped water.
- (8) An Industrialisation Index. (i.e. the percentage of the total rateable value which was industrial and freight transport).

With the areas classified in this manner the total populations of the two main strata were obtained and the distribution of the eight sample areas divided between the two in proportion to these total populations, resulting in two County Boroughs and six Counties having to be selected. These were selected systematically at a constant interval from a random start within each stratum.

From each of the selected Counties, one smaller unit, a Local Authority area, was to be taken. The Counties were therefore divided into Municipal Boroughs and Urban Districts and the six final units to be selected divided between the two with a probability proportionate to population size, giving a required sample of four M.B.s and two U.D.s. These were selected with due probability from the six Counties.

The resulting sample of eight areas consisted of two County Boroughs, four Municipal Boroughs and two Urban Districts, one of which was very small and we therefore took the opportunity to add to it a small contiguous Rural District.

The areas were:

Sheffield	..	C.B.
Plymouth	..	C.B.
Worthing	..	M.B.
Kidderminster		M.B.
Maidenhead	..	M.B.
Salisbury	..	M.B.
Holyhead	..	U.D.
Oakham	..	U.D. and R.D.

The selection of the Scottish areas was on the basis of one County of City, one Large Borough and one Small Borough. It was agreed that Glasgow be omitted from consideration, as it was too big to be covered adequately for the general sample.

Secondly, it was thought advisable to interview in different parts of Scotland, that is one Authority in each of the following areas, S.E. Scotland, S.W. Scotland and N.E. Scotland.

The three Authorities were picked at random from each of the 3 areas, and the resulting sample was

Dundee	..	County of City
Coathridge	..	Large Borough
Buckie	..	Small Borough

Co-operation was sought from all 11 areas, and achieved from all except Plymouth. Here, although the Housing Manager and Housing Committee were eager to co-operate, as were the Council of Social Service, who were responsible for the Home Help Service, the Health and Welfare Committee refused to co-operate in our inquiry into the Residential Homes side of the study.

We had, then, to substitute another County Borough, the one on the scale nearest to Plymouth being Preston C.B., who co-operated willingly.

A separate study was then carried out in each of the 11 areas, estimates being made of the need for the three main services, home helps, housing and residential accommodation, based on the criteria obtaining in each area.

The area reports are published complete in the second volume of this study. This first part gives less detail of the methods used, but compares and summarises the findings in the areas.

3.1 SAMPLING WITHIN EACH AREA

Six random samples were to be drawn in each area.

- (a) People of retirement age (general sample).
- (b) Elderly people having home helps.
- (c) Elderly people who had been rehoused.
- (d) Elderly people in Residential Homes.
- (e) Elderly people on waiting list for rehousing—if any.
- (f) Elderly people on waiting list for Homes—if any.

No area had a waiting list for home helps. Organisers saying they could always cover any case referred to them

(a) General sample

It was decided that a sample size of about 500 would be sufficient for our needs. The method used was to calculate the average number of elderly persons per household in private dwellings in each area, and to select enough addresses from the current Electoral Registers of England, Wales and Scotland to yield the expected number of elderly people for interview. Names on the register were marked at a constant interval from a random start throughout the total electorate, and those addresses where the name marked was the first at the address were selected. This gives each address an equal chance of being selected, irrespective of the number of persons at that address.

The number of addresses thus selected varied from 647 in Worthing C.B. to 2,037 in Coatbridge L.B.

(b) Home help samples

The aim was to select about 100 names of elderly people having a home help. In all areas it was quite easy to identify those on the register who were elderly, because the records had full details of the reason for the home help being allocated. Addresses were usually selected at a constant interval from a random start, but in some areas, where the number of elderly having the services of a home help was less than 100, all addresses were selected.

(c) Rehoused

Here the aim was to interview 80 elderly persons who had been rehoused by the Local Authority, to consider the conditions under which they had been living before rehousing, and the reason for their move, in order to establish the criteria under which elderly people qualified for rehousing.

Since criteria may have changed somewhat over the years, wherever possible the selection was made from those rehoused during the years immediately preceding the inquiry. In Worthing, for example, the sample consisted of all those who had been rehoused within the two years immediately preceding the inquiry, and in Sheffield a sample was drawn of those rehoused in a similar period. The time span was longer in some other areas where the number of elderly rehoused (not necessarily the proportion) was smaller, the longest period being in Holyhead, where we selected all those rehoused in purpose-built old people's dwellings plus all other elderly persons rehoused since 1959 in order to get a sample of sufficient size.

The characteristics of those rehoused shown in this report do not, therefore, necessarily represent the whole of the elderly population who have been rehoused by Local Authorities, but are representative of those rehoused during the period stated.*

(d) Residential Homes

Here again, because we wanted the current criteria, wherever possible selection was made of those admitted "recently". It also to some extent avoided too great a strain on the memory of residents.

(e) Waiting list for rehousing

In one area (Sheffield) no sample of those on the housing waiting list was drawn.

* Fuller details of the periods covered and the difficulties encountered in drawing these samples are given in the reports for the individual areas.

As anyone who wanted rehousing was admitted to the list, there seemed no purpose in interviewing to establish criteria. In another area there was no separate list for the elderly, as the lists were kept for the type of property required, rather than by age of applicant; in this case a sample was drawn of those waiting for one bedroom units, any younger applicants being rejected at the interviewing stage.

On the whole, housing waiting lists cannot be regarded as giving a useful yardstick by which to measure need for rehousing. In three areas a third of the applicants in our samples had moved, or died, although in the other nine areas where we sampled the waiting list, the lists had been kept reasonably up-to-date as far as deletion of dead, removed or rehoused old people were concerned.

However, on interviewing, it was found that the circumstances of many of the old people had changed since their names had been put on the waiting list, and they no longer needed or wanted to move. On average we found that only 75% of the addresses on the waiting lists still contained old people who wanted to move, and in one area, only a third of the names on the waiting list were correct.

It well may be that getting a letter once every one or two years does not result in the applicants informing the Housing Department if they no longer wish to be considered. We did not investigate to see whether those who had omitted to reply to one of these circulars because of illness or frailty had had their names removed and were unaware that they were no longer being considered, but it seems that a personal visit would be a much more satisfactory way of keeping the list "live".

(f) Waiting list for Residential Homes

It was not possible to draw a sample of those on the waiting list for a place in an Old Persons' Home in one area, because the Welfare Department insisted that they should first approach the applicants to get their permission to be interviewed. In six of the ten areas where samples were drawn, the list was found to be out-of-date, and generally could not be expected to give any real indication of the potential need.

3.2 ORGANISATION AND DATES OF FIELD-WORK

Interviews with the Local Authority Officials were carried out before the main fieldwork in each area. In all, over 90 officials, (Town Clerks, M.O.s.H., Directors of Welfare and Welfare Officers, Housing Managers and Factors, Home Help Organisers, Nursing and Health Visitor Superintendents, Hospital Geriatricians, Old Peoples Welfare Secretaries, and Secretaries of Local Medical Committees) were contacted personally by the author, who carried out the majority of the interviews with these officials, the remainder of the interviewing being done by Mrs. M. Myers, who was her senior assistant at that time.

General fieldwork was carried out by a team of trained interviewers under the supervision of a Field Control Officer who set up a special office in each area. The Field Control Officers were usually responsible for interviewing the sample of G.P.s in each area.

The questionnaires used for interviewing the elderly people, G.P.s and Local Authority officials are shown in the Appendix.

The general fieldwork took place on the following dates.

Gosport	beg. Feb.—mid March 1965
Sheffield	} November 1965
Salisbury	
Oakham	} beg. Dec. 1965—early January 1966
Worthing	
Maidenhead	} early Jan.—mid Feb. 1966
Holyhead	
Preston	} early Feb.—mid March 1966
Kidderminster	
Dundee	beg. May—mid June 1966
Coatbridge	mid June—end July 1966
Buckie	end July—beg. Sept. 1966

The response rates on each sample are shown in Table 1.*

The low response rates for the Residential Homes' sample in Worthing, Holyhead and Oakham were due to the high proportion of residents in these three areas who were too mentally confused to give satisfactory interviews.

As far as the home help sample in Holyhead is concerned, only 19 households were said to be having home helps at the time of interview. In one case the address was that of an empty house, and in two further cases the house was empty, the recipients being away temporarily. Thus, if these three cases were taken as not being eligible, i.e. not having a home help at the time, the contact rate would be 90%.

3.3 DESCRIPTION OF THE AREAS†

The 11 areas were selected in such a way as to make it likely that they would be different. Sheffield and Preston are both County Boroughs, but while Sheffield has a total population of nearly half-a-million, 16.1% of whom are of retirement age, and 12.9% aged 65 and over, Preston's total population is 106,000, of whom 16.2% are of retirement age, and 12.9% aged 65 and over. Sheffield has a higher proportion of men in its retirement population, while Preston has proportionately more single elderly women. Comparing the 1961 and 1966 Censuses, both have had a decrease of population in the five years, Preston losing proportionally more than Sheffield.

Worthing, on the other hand with a total population of 84,000 increased its population during this period. Worthing is a retirement town, and 38% of its population is of retirement age, 32% being aged 65 or over. Just under 30% of women of retirement age in this town are single, and therefore do not have children who could help in time of need.

Some statistics for each area, which might be expected to affect the welfare services are given in Table 2.

* All the tables referred to in the text are printed at the end of the report.

† Figures in this section are taken from the 1966 Census report unless otherwise stated.

IV HOME HELPS

4.0 ADMINISTRATION

All Local Health Authorities are empowered* with authority "to make such arrangements as the Minister may approve for providing domestic help for households where such help is required owing to the presence of any person who is ill..... aged".

The Authority responsible for providing domestic help in England and Wales is either the County Council or the County Borough Council, although in some cases County Councils delegate their authority to a Borough or to a voluntary body, or supply the service but leave the administration to the Borough Health Department. In Scotland, Dundee and Coatbridge were their own Health Authority, Buckie coming under the authority of Banff County.

Of our seven England and Wales areas which are not County Boroughs, Gosport and Worthing have delegated powers; in Salisbury and Maidenhead the service is supplied by the County Councils, but administered by the local Health Departments; in Oakham and Anglesey the County Councils supply and administer, and in Kidderminster the County finance the service, which is organised by the W.R.V.S.†

Buckie

In Buckie a rather special situation occurs. The scale of charges laid down by the County ranges from a minimum of 21s. per week, irrespective of the number of hours worked, to a maximum of 4s. 3½d. per hour for five hours or more, plus full employer's National Insurance contribution. Where a person is receiving National Assistance‡, the minimum charge applies, and is added to the recipient's allowance.

However, because there is a shortage of part-time work for women, private domestic help can easily be obtained for less than the maximum amount payable, or even the minimum amount where the number of hours required are less than six or seven (the "going rate" for such help was 3s. or 3s. 6d. an hour at the time of the inquiry).

Officials of the Welfare and Health Department therefore often act as agents, putting applicants in touch with women willing to act as home helps, and letting them make their own arrangements. The National Assistance Board officials are aware of this procedure, and will make an additional allowance in appropriate cases to cover the cost of private domestic help.

At the time we sampled, there was only one person having an official home help; although others had engaged a home help privately through the Welfare and Health Department, no records were kept of these people. A special

* National Health Service Act 1946 (Part III, Section 29) and National Health Service (Scotland) Act 1947 (Part III, Section 28).

† Worcestershire C.C. were planning to administer the service themselves later in 1966.

‡ Since the fieldwork of this survey was completed, the National Assistance allowances have been retilled supplementary benefit.

questionnaire was devised to try to estimate the number of such cases, which were treated as having a home help for the purposes of this inquiry.

We found four cases in addition to the one receiving official home help who had been assisted in finding a private help and to whom the National Assistance Board were refunding the cost, which, since we interviewed over 50% of all old people for our general sample, means that about 8-10 people in Buckie were having domestic help supplied through the Health and Welfare Department, paid for by the National Assistance Board.

Even counting these people as having home helps, the proportion being helped is only 0.8% which is the lowest of all areas. However, it must be remembered that for those not receiving National Assistance, private domestic help was cheaper, and readily available.

In view of the special arrangements operating, Buckie will be excluded when making comparisons with other areas.

4.1 HOME HELP ORGANISERS

In Kidderminster, the W.R.V.S. were, at the time of the inquiry, running the Home Help Service. In most other areas a Home Help Organiser was in charge. In Sheffield there are eight Home Help Organisers, working from six area offices and a central office, while in Maidenhead the service is run in three sections; a recruitment officer is responsible for recruiting the home helps, the assessment of the amount of help needed is done by Health Visitors, and the administration is done by the M.O.H.'s secretary. In Salisbury, all recruitment of home helps and assessment of need is done by the Health Visitors, most of whom are attached to G.P. practices.

The number of cases varies considerably in the areas we surveyed, as would be expected since the number of elderly varies. A summary of the staff position is given in Table 3.

It will be seen that the number of home helps to be supervised by each Organiser varies, as does the number of cases. The Central Organiser in Sheffield said that it was asking too much of an Organiser to have a case-load exceeding 250 if assessment and reviewing were to be properly done.

In addition to recruiting, supervising, visiting, assessing and reviewing the help needed, some Home Help Organisers are also responsible for payment of wages and the assessment of the cost to the applicant. However, in some areas these latter duties fall to the Borough Treasurer's, finance, or other related department.

Two of the main functions of an Organiser are to ensure that the recipient continues to have the amount of help she needs, i.e. to ensure that if circumstances change, the amount of help can be increased or decreased, and secondly, to ensure that the home helps are sufficiently supervised in the time and quality of the duties performed.

4.2 REVIEWING OF NEED

In two areas, Oakham and Worthing, new Organisers had recently been appointed. There had been little or no reassessment of need in these areas, but it was the intention of the newly-appointed Organisers to institute some regular reviews.

In Salisbury and Gosport the person responsible for assessing need (the Organiser or her assistant, or the Health Visitor), is also responsible for collecting the fee from the recipient of the service, either at fortnightly or 3-4 week intervals. This visit gives her the opportunity of observing any improvement or deterioration in the condition of the old person, and reassessing the amount of time needed, where appropriate.

In Maidenhead and Holyhead a reassessment of the charge is made every three months, and at this stage a review of the amount of help given also takes place.

In Sheffield, the Home Help Organisers see all recipients at least once every three months, in Dundee each case is reviewed every two months, and in Coathridge "as often as possible". In all three areas, however, the home helps are instructed to report any cases where they think the recipients need either more or less help each week when they come to the office for their pay.

In Preston there is a financial reassessment every six months, with the Organiser visiting as often as possible to reassess need, but here again the home helps are expected to report changes in circumstances.

In Kidderminster there are no regular visits by the Organiser who relies instead on the home helps to report any changes.

In all areas where the home help reports, the Organiser herself visits before the hours are changed.

4.3 CONTINUITY OF SERVICE

It has sometimes been alleged that many elderly have home helps withdrawn because of other "more urgent" demands, such as maternity cases or hospital discharge. In most areas, Organisers denied that this happened, saying that they might have to cut the number of hours, but wouldn't withdraw the home help completely. On the other hand, if the home help fell ill, or during holiday periods, the elderly might well be left without a home help. The Organisers in Oakham and Holyhead had no difficulty in covering emergencies, illness or holiday, and could meet all the demands on the service. These two areas however had particularly small case loads.

With one exception, in all areas it was the practice to continue sending the same home help to a given recipient. This was considered to be both economical, in that the home help knew what cleaning equipment was available, where it was kept, and what needed to be done, so that time was saved. It was also considered to be better from the recipient's point of view, as she got to know the home help personally, and the home help got used to her "funny little ways". Of course, all areas get "difficult" cases, and such cases are, because of wear and tear, changed around between home helps.

The one area which has a policy of changing home helps every 8-12 weeks is Sheffield. Here the arguments are that all home helps get an equal share of "good" and "bad" cases, that both the home help and the recipient like a change, and that it prevents the home help, because of familiarity, taking advantage, or, equally important, being taken advantage of by the recipient.

4.4 RECRUITMENT OF HOME HELPS

The vast majority of home helps are women, although in Kidderminster and Coathridge one or two male home helps were on the staff. Most areas have a

recruitment problem. In Worthing, for example, the Home Help Service is in competition with the many hotels and boarding houses in summer, although it is easier in the winter, and a similar situation exists in Holyhead, while in Gosport there is light industrial work available for women, and in Maidenhead there is a big demand for such labour from private householders at a higher rate of pay, as well as ample employment in local industry. This question of recruitment is being investigated much more fully at the moment,* as are all other aspects of the home help service, but it may be of some interest to note that Sheffield, at the time of the inquiry (November 1965), had difficulty in recruiting, and were concentrating on trying to raise the status of the service, with a view to retaining existing staff. By 1967 they were able to report that they no longer had a recruitment problem, partly due to the success of their in-service training schemes.

4.5 "STATUS" OF THE HOME HELP SERVICE

Consideration is also being given in some other areas to the status of home helps. In Worthing, the Mayor recently presented two and five year service badges to home helps, which received some local newspaper publicity. In Worthing, too, some attempt has been made to give the home helps some training, and to interest them, by means of lectures and meetings, in the problems of old people. The newly appointed Organiser intended to extend this in the future.

In Oakham, as in most other areas, there was no training scheme, but the newly-appointed Organiser was hoping to arrange training courses, with talks by the M.O.H., nurses, etc.

Preston, some years ago, used to send home helps on a course run by the Institute of House Workers, but this practice was discontinued after two years.

In Sheffield, as was previously mentioned, an attempt was being made to improve the status of the service, and retain the home helps. Since 1962 there has been a Domestic Help Training Centre, which has a kitchen equipped with both gas and electric cookers, a laundry room with a commercial washing machine and rotary irons, and a lecture and film room.

The aim of the Training Centre is to raise the general standard of skill and efficiency, and to remove any lingering stigma of the service being only a domestic cleaning agency.

The course which lasts a week, provides lectures, demonstrations, practical experience and film shows covering elementary home nursing and first aid, accident prevention, cooking, washing and "make-do-and-mend", and aims to give the home helps some insight into the problems of other workers in the Health Department, such as the Home Nurses, Health Visitors, and Public Health Inspectors.

In addition, where changes take place in administration or new schemes are announced, home helps are called to a meeting at the Centre, where matters are explained. These meetings take place in official time.

There are three other ways in which the status of the service is considered.

* A Survey of the Home Help Service—currently being carried out by the Government Social Survey for the Ministry of Health.

(a) Home Wardens

Home Wardens are recruited from among the home helps and are paid on a higher scale. They work a full 42-hour week and are free to arrange their own work. They do a limited amount of housework, but also attend to the social needs of the elderly, such as taking them to the optician or writing letters.

(b) Uniforms

Home helps are supplied with nylon dress/overalls which are specially made with the words "Home Help" embroidered on the top pocket. Those home helps working on maternity cases wear turquoise blue overalls, while with elderly people the colour is dark cherry red. The home wardens have a navy dress with "Home Wardens" embroidered on the pocket.

Most of the home wardens have bought for themselves navy blue raincoats or top coats, and wear a navy beret. There is little doubt that the home helps feel that the uniform enhances their status.

In addition, many home helps say that being recognised as a home help by shopkeepers leads to special service, in that the assistant will not only try to serve them quickly, but will sometimes, realising from the quantities being purchased that she is shopping for an elderly person, add an odd titbit, or give a little overweight.

(c) Social gatherings outside working hours

There are regular monthly gatherings at the training centre for home helps for social purposes. There are also coach trips arranged and visits to other towns to see how other home help services are organised.

4.6 UNIFORMS

While Sheffield is the only one of our areas with a training scheme, some other areas do realise the importance of a "uniform" for the home helps. In Kidderminster, where the service is run by the W.R.V.S., green overalls, coats and hats are issued, the hat having an attractive shield-shaped metal badge inscribed "Worcester Home Help Service" and "H.H." being embroidered in red on the coat.

Worthing and Dundee provide overalls, the former with "H.H." and the latter with "D.H.S." embroidered on them. However, in Dundee, the overalls are the same as those issued to cleaners at the Medical Officer's Offices, and are not regarded as having any particular significance for the home help service, but as industrial garments. In Oakham, the home helps have navy blue nylon overalls and the County were planning to issue badges when the training scheme got under way.

Four more areas provided special clothing, but without any identifying marks; Preston and Holyhead providing green industrial overalls and Gosport and Maidenhead issuing nylon overalls.

In Salisbury and Coathridge, no special clothing is provided.

This aspect of whether a uniform of some sort *does* make the home help feel more important is explored in the Survey of the Home Help Service*, but

* Currently being carried out by the Government Social Survey for the Ministry of Health.

a preliminary look at the results suggests that while a slight majority of those home helps who do have some sort of identifying clothing think uniforms are a good idea, only a third of those not at present issued feel it would be a good idea.

4.7 CONDITIONS OF WORK

We have seen that in one area at least the Home Help Service is competing for staff with private domestic employers who are willing to pay higher rates.

All areas pay home helps on an hourly basis, which in all areas but one includes travelling time between jobs, but not for travelling to and from work. In the area where travelling time between jobs is *not* paid for, the Organiser says that the home help is normally allocated two 3-hour sessions a day, from 9-12 noon and from 1-4 p.m. so that she can travel between jobs from 12 noon-1 p.m. as well as having her lunch. There is some evidence that in this particular area some home helps are not putting in the full 3-hour session, and it may be that the area is asking too much of its home helps.

One Organiser said that a guaranteed minimum wage might help. If an elderly person is suddenly removed to hospital, the home help loses pay until she is reallocated. There is also some difficulty in employing women who are dependent on full-time work, as most recipients want the home help to come in the mornings, rather than the afternoon. Indeed, some elderly people say they don't want the home help to come more often, as "by the time she gets here, I've tried to do most of the work".

This aspect of the service, the time the home help arrives to start work, is discussed later in 4.13

4.8 PROPORTION OF ELDERLY HAVING THE SERVICES OF A HOME HELP

The proportion of elderly people having the services of a home help varies between our 12 areas, as will be seen from Table 4.

The proportion having the services of a home help is not directly related to the relative number of elderly in the population. While Worthing, where nearly one person in every three is aged 65 or over, has the lowest proportion having a home help, and Coatbridge with a very low proportion of old people has an above average proportion having a home help, Salisbury has the second highest proportion of elderly, and the second highest proportion having home helps. In Preston, where 12.9% of the population is aged 65 and over, nearly 9% of the elderly have a home help. Sheffield with a similar proportion of elderly, supplies home helps to only about half the Preston proportion.

It is difficult to see why these differences occur as far as basic need is concerned. One factor which might lead to a differing need is the proportion of elderly who are housebound or bedfast. Worthing, with the lowest proportion of home helps, has also the lowest proportion of permanently housebound or bedfast, and Salisbury, with the highest proportion in this category also has a high home help ratio. But Preston and Kidderminster have similar proportions of housebound/bedfast while one has twice as many elderly people (proportionately) being helped.

Another factor is whether the elderly person is living alone, with spouse only, or with others. But here again Preston has the same proportion living alone, or with spouse only, as Sheffield, and we have already seen the difference in

provision. Maidenhead and Oakham have similar proportions living with others, but while in Oakham 5.6% of the elderly have a home help, the proportion for Maidenhead is 3.1%.

The differences, then, may not be on need alone, but on the criteria adopted by the Authorities for supplying a home help, or on the amount they are willing to spend.

4.9 CRITERIA FOR SUPPLYING A HOME HELP

In most areas a doctor's certificate or recommendation is required when home help is considered. Referrals are accepted from other medical, social and voluntary organisations, or the elderly can apply themselves, provided it is subsequently checked with the G.P. (or in some cases by an attached Health Visitor) that he considers some help to be necessary. This does not mean that no home help is allocated until it has been cleared with the G.P. or Health Visitor. In Sheffield, for example, it was stressed that if a home help is needed, one is sent in immediately, pending investigation and/or a doctor's certificate. In Anglesey a certificate is only requested by the Home Help Organiser where she is in any doubt as to whether the service is necessary.

Having accepted the need, it is then the responsibility of the Home Help Organisers in all areas except Salisbury and Maidenhead, to visit and assess how much help is needed. In Salisbury and Maidenhead this assessment is made by Health Visitors.

4.10 LIMITATIONS

(a) Living with other younger people

Although living with other people is not regarded as a bar to the allocation of a home help in any area we investigated, it is clear that the amount of time allocated, and the duties that may be performed, vary somewhat.

The most usual situation is that of an elderly parent(s) living with a son or a daughter, who may be working, or have children who take up a large part of her time.

In all areas a home help would be allocated if the son or daughter were working, but in 4 places the help would be limited to those rooms used exclusively by the old person. In one of these areas, the help is withdrawn on those occasions when the working son or husband is on holiday, and in another it is expressly stated that no able-bodied person may benefit from the home help's services.

In three areas the home help may service, if necessary, not only the elderly person's rooms but also any of the rooms (w.c., bathroom etc.,) used jointly by them and the rest of the family.

In one area, if the child who is working is a son, the home help may keep the whole house clean, but if it is a daughter, then the service is restricted to the old person's rooms.

Only one area adopts the policy that if a daughter is out at work all day, she ought to have a clean house to come home to on those days the home help attends, as this might keep the family together. In another area, we were told that if a daughter who had to work found it too much for her to both look after her mother and continue working, it was possible to offer the daughter a job as home help to her mother, so that she at least had a small income.

Where the daughter or daughter-in-law does not work, two areas would not, in any circumstances, allocate a home help, even if the child were unwilling to help her elderly parent. Four areas would only allocate a home help if the daughter had some infirmity herself, or had children of her own to look after. One area say they would call a family conference, and try to persuade the daughter to do the housework, offering to supplement the help if necessary, and in the remaining area, a home help would be allocated to do the old person's rooms only.

(b) Financial

All areas were agreed that no-one was refused a home help simply on the grounds that he or she could afford to pay for private help. The usual practice, we were told, was to assess how much home help time was needed, and then tell the householders the cost per week, at the same time telling them that if they could not afford the full cost, they could, by disclosing details of their income and expenditure, and in some cases capital, apply for the whole or part of the cost to be abated. However, in Worthing we were told that those who could afford it were persuaded to find their own private domestic help, the home help service being provided for a month until they could find such help.

However, if we were to compare the distribution of income of those having a home help with that of the general sample, it is very clear that those with a relatively high income (and in this context a relatively high income is that of £8 a week or over for a "single" person), are less likely to have a home help than those with a lower income.* (Table 5).

It may be, of course, that people in such an income range are better able to afford private domestic help, but there is, as we know, a shortage of this help in many areas, and even if they can get help, £1 a week may seem an awfully big bite out of an income of only £8. Before considering this aspect of whether the elderly can afford to pay for either home helps or private domestic help, it might be worthwhile to consider the differences in charges for the service in the various areas.

4.11 CHARGES FOR THE HOME HELP SERVICE

The full charge for the Home Help Service ranged from 3s. an hour in Preston to 5s. an hour in Maidenhead,† most of the areas charging a maximum of 4s. 3d. to 4s. 9d. per hour. In all areas the charge may be reduced on production of proof that the applicant cannot afford to pay. In six of the twelve areas, a "nil" assessment was possible, this being given automatically to any old person receiving National Assistance. The minimum charge varied in the other areas from 9d. an hour in Preston to 3s. 6d. an hour for the first 10 hours in Coatbridge, (this would mean that an old person receiving 10 hours help a week would be charged a minimum of 35s. a week). In Gosport it was 5s. per week, in Holyhead 15s. per week, in Buckle 21s. per week, all irrespective of the number of hours received, and in Dundee it was 3s. per day. However in all these areas, if the old person was receiving National Assistance, they were automatically assessed on the minimum scale, and the N.A.B. added the amount to their allowance.

* Oakham is the exception here. In Oakham the income distribution of those with home helps follows very closely that of the general sample.

† These rates may have been increased since the date of our survey.

Where a recipient is getting National Assistance the charge for a home help is always assessed at the minimum amount payable. It is hardly surprising, then, to find that in almost all areas some two-thirds of those having home helps are also getting National Assistance, and this rises to as high a proportion as 92% in Coatbridge, where the minimum charge is 3s. 6d. an hour. It is true that in Coatbridge over 40% of all elderly people were drawing National Assistance benefits and it may be that the reason Coatbridge has such a very low proportion of the home help sample having a weekly income of less than £6 is that the additional allowance for home helps brings them into the next income group (see Table 6).

There are at least four possible explanations for finding so many people with home helps also getting National Assistance. The first possibility is that elderly people who are not getting National Assistance allowances are not getting home helps because they cannot afford the service but are not prepared to disclose their financial position, or secondly they *could*, on the Local Authorities' assessment, afford it, but are unwilling to pay. Then people who have less need of the service are able either to manage on their own or employ private domestic help, or their doctors, who are the main referees in most areas, feel the service is over-extended, and do not suggest or recommend them for home helps as they have more chance of being able to acquire private help.

From our inquiry it would appear that all four explanations are valid. There is evidence that those getting National Assistance tend to be less able to help themselves than the rest of the elderly. Possibly they struggle along financially until their infirmities get too much for them, but when they need help from the Local Authorities they also realise, or are brought to realise by the visiting Health and Welfare Authorities, that they are eligible for financial help. We know, too, that a very few people are paying a high proportion of their income for home helps rather than reveal their income to "local" people. One elderly lady told the interviewer she didn't mind our knowing what she had coming in, but she would have had to pay her reduced charge direct to the home help, who would then know her depressed financial state. There is some evidence, too, that people whom we estimate are in need of home helps say they would refuse one because of the cost. Oddly enough, these are not in the areas where the minimum charge is high, e.g. Coatbridge, which rather suggests that would-be applicants may be being deterred through ignorance of the true position.

4.12 G.P.s' OPINION OF ADEQUACY OF SERVICE

A number of G.P.s in each area declared themselves to be dissatisfied with the extent of the home help service. G.P.s in Oakham and Dundee did not think there was a great need to supply more people with help, but in Dundee the majority of G.P.s thought more time ought to be allocated to recipients of the service. Similarly, while in Gosport only 1 of the 27 G.P.s interviewed said the coverage ought to be extended, the majority wanted more time spent on the cases. In most other areas G.P.s were critical of both the coverage and the time allocated.

G.P.s, however, were unlikely to be able to give any real idea of the actual numbers needing home helps, because they were not seeing enough of their elderly patients regularly (Tables 7, 8). Again this varies considerably between the areas; in Sheffield and Holyhead nearly one in every three people of

retirement age, in Dundee, Buckie and Preston about one in every four, and in Salisbury and Gosport about one in every five, see the doctor regularly. In Oakham U.D., only one in fourteen, and in Oakham R.D. and Maidenhead, one in eleven see their G.P.s regularly.

Not only do a very low proportion of the elderly see their doctor regularly in Maidenhead, but the time between regular visits is likely to be longer in this Borough than elsewhere. Whereas in most areas over three-quarters of regular visits take place at least once a month, in Maidenhead only 40% of regular visits are within this period.

Allowing for non-regular visits, in most areas in England a third to a half of people of retirement age have not seen their doctor for at least 6 months, while in Holyhead and the three Scottish areas the proportions not seeing a G.P. for this period are smaller, about one-third.

4.13 AMOUNT OF TIME ALLOTTED

There are many indications that home helps often do more than they are supposed to do, or are paid to do. Some informants told us that the home help is not supposed to come in at week-ends, but pops in to light the fire, or that she made the new curtains at home, or takes the laundry with her and does it with her own. We even came across an elderly lady who complained that when she wanted her room redecorated, the home help and her husband did it at weekends—but took, in her opinion, too long!

But apart from this, many people say the amount of time allocated is not really enough to allow the housework to be done to their satisfaction.

Recipient's own estimate of whether more time is needed

When asked if there were any jobs about the house they felt needed doing which the home help didn't have time to do, or if they would like the home help to spend more time on the things she *did* do, a high proportion of recipients said they would like more time allotted. The highest proportion was in Sheffield, where almost two out of every three people having home helps had jobs they said they'd like the home help to do, but which she never got around to. This is a higher proportion than in Worthing, which has the lowest average time allocated, 54% wanting more home help time. The towns with the lowest proportions saying they'd like more help are Gosport (22%), Dundee, Coatbridge and Kidderminster (28-29%).

The amount of time allocated in each area varies, as is shown in Table 9.

Only 12 of the 828 households we interviewed had a home help for seven days a week, and of these, four were in Holyhead and five in Maidenhead. There was also one each in Worthing, Salisbury and Gosport*.

In Holyhead, where only 15 households are having the services of a home help, 12 of the 15 have her on at least five days a week, and all for at least three days.

In Coatbridge 41% of elderly households with a home help get her on six days a week, and 28% on five days, thus over two-thirds of those having a home help in Coatbridge have her services at least five days a week. In Gosport 59%

* One person in Dundee says the home help calls on 7 days a week, but the M.O.H. points out that the home helps are not employed on Sundays, so she must be doing this extra work on a voluntary basis.

have a home help on at least five days a week. In contrast, only 3% of the elderly households in Preston have her services at least five days a week, as do 7% in Sheffield.

This does not necessarily mean that the number of hours a week the home help attends is greatest in Coathridge and lowest in Preston, as the number of hours per visit may vary. Indeed they do vary as can be seen from Table 9. Here again, Coathridge is outstanding, with nearly 40% having 11 or more hours help a week. The rest of the areas lag far behind, Oakham and Gosport giving 12% and Dundee 10% for at least 11 hours.

At the other end of the scale, Worthing has 53% who are allocated less than three hours a week, a very high proportion compared with all other areas.

So there is no indication that areas supply much the same total amount of help, but distribute it in a different way; that is, that some areas give a lot of people a little help, while others give a few people a lot of help. Indeed, if anything the trend is in the other direction; the greater the proportion of people helped, the more time they are likely to get.

Neither does the fact that, for example, the most usual number of hours allocated in Worthing is 1-2, and in Coathridge 9-10, necessarily mean that the former is under-allocating, and the latter over-allocating home help time. It may be that the elderly recipients in Worthing are more able to help themselves than in Coathridge. If we take age as indicative of need, then this supposition is wrong, in that 70% of those having a home help in Worthing are aged 75 or over, compared with only 41% in Coathridge in this age-group. Worthing, Salishury and Sheffield all have similar proportions in the home help samples aged 75 or over, but the most usual number of hours varies, in Sheffield it is 3-4, and in Salishury 5-6.

Similarly, it might be expected that men, generally considered to be less capable of looking after themselves than women, might account for some differences in the time allocated, but there is no evidence of this either.

Other factors considered were whether a greater proportion of the recipients were housebound or bedfast, or were living alone or with an elderly spouse only, or had more difficulty getting out and about, or with self-care, which would lead one to expect a longer period of home help to be needed (Table 10). But Worthing, with the shortest allocation, has a higher proportion of elderly recipients having difficulty in getting out, or about the house, in and out of bed and washing and dressing themselves than does Coathridge, which allocates a greater amount of time.

Similarly, the proportions having these difficulties in Salishury are smaller than in most other areas, but the most usual number of hours allocated is 5-6 compared with 3-4 in other areas*.

Reverting to the recipients' own opinion of adequacy, it will be seen that this "demand" for more time does not necessarily relate to the amount of time allocated, i.e. it is *not* all coming from people who have less than five hours a week (Table 11). In Coathridge, for example, much the same proportion of those having 3-4 hours help say they need more as do those having 9-10 hours, and in Sheffield a higher proportion having 3-4 hours and 5-6 hours say they have things which are not done because of lack of time than do those having only 1-2 hours.

* Gosport has been omitted from these comparisons, as the questions were rather different.

If the recipient's own estimate of what needs doing but doesn't get done properly because of lack of time allocated is accepted, then it would appear that Home Help Organisers have a tendency either to under-estimate the time needed to complete the job, or to over-estimate the home help's ability to do the jobs in the time allocated. We know that in some areas the policy is to allocate "the least possible time for the shortest possible period". It may be that the "minimum" time allocated is taken as less than that needed to complete all the jobs properly, thus giving an incentive to older people to help themselves. It would be interesting to know on what basis Home Help Organisers decide what needs doing in a house, and how they measure the output of the home help to be allocated to that particular case. There must, surely, be differences in the amount the individual home helps can do—but no account seems to be taken of this variation.

It would appear that the allocation of home help time in many areas is not based on any standard assessment of the needs of the individual, but on some other basis, such as the number of home helps available, or the resources the Local Authority are prepared to put into the service.

4.14 THE DUTIES OF A HOME HELP

There is little difference between the areas in the types of job a home help is permitted to do. Normal housework, sweeping, cleaning, dusting, bedmaking, washing-up and cooking light meals, are considered part of her duties, as are making fires and carrying coals, shopping and collecting pensions, and cleaning the inside of the windows, provided this does not involve climbing.

In general they are not allowed to do gardening or small electrical jobs like mending fuses, but in some areas, particularly in Gosport, we were told by recipients that the home helps' husbands will voluntarily tidy the garden, or do little "handyman" jobs about the house, and in Holyhead schoolboys are encouraged to help the elderly in the garden.

In some areas washing paintwork and walls are *not* considered to be part of the home helps' duties, while in some they are allowed to do it as necessary, but in none of our areas was "spring cleaning" allowed.

This is one of the things mentioned most by recipients. They would like their home to have a good spring-clean once a year. In Gosport, when the service starts for an elderly person who is living in a house that is badly neglected, two home helps are sent in to get the place clean to start with. It is possibly worth considering whether spring cleaning couldn't be done on the same basis.

Another job that many old people have difficulty with is window-cleaning, which home helps can only do if it doesn't involve climbing, and even then are restricted to doing the inside of the pane. Four per cent of elderly in England and Wales, and 1% in Scotland say that nobody cleans their windows, and in 40% of cases (*all* areas) the informants themselves had to clean windows. Over one in five of those in England, one in seven in Holyhead and one in nine in Scotland who were in households where they or another elderly person was responsible for cleaning the windows said they had difficulty with this (Table 12). This means that some 8% of the elderly in our eight areas in England and Wales and 4% in Scotland have considerable difficulty with window-cleaning. Of those with difficulty, two-thirds of those in England, Holyhead, Dundee and

Coathridge would welcome a Local Authority window-cleaning service. Perhaps this is one area where Youth Service Volunteers could be useful.

The percentage of households in which the home help does each of the household tasks is shown in Table 13.

If we consider the large number of households who have a solid fuel fire, and need help either lighting it, or keeping it going, then the time at which the home help arrives to start work may be of some importance (Table 14). In Gosport, at 25% of households the home help starts work before 9 a.m., as do 20% in Dundee. At the other end of the scale, none of the households in Coathridge say the home help arrives before 9 a.m., and only 2% in Preston, and 4% in Maidenhead say the home help starts work before this time.

In Preston, where the home help is sometimes allocated two households per day, we would expect, as is shown by the table, half the households to have the home help starting before noon, and half after noon. In other areas proportions of from 10%-28% of households do not get the home help before noon. What does stand out from this table is the high proportion in Worthing who do not have a home help at any regular time. It must be a little worrying to some people, who like to get the housework done early on, not to know when to expect their home help, other than some time in the morning. Indeed, we know a few people stopped having a home help, or did not want one, because they had attempted to do the work before she arrived.

However, although it might appear that a large number of households are going cold in the mornings because the home help does not arrive early enough to light the fires, there are only a few who complain that the late arrival inconveniences them in this respect. In some cases the home help gets in the coal and kindling the day before.

4.15 ESTIMATING THE NEED FOR HOME HELPS

In each area the number of old people households in need of the services of a home help was estimated from the general sample of people of retirement age as follows:

The schedules were divided into

- (a) All those permanently bedfast or housebound; and
 - (b) Anyone usually able to get out who had difficulty with housework and/or shopping and/or cooking;
- it being assumed that those in group (a) would at least need help with shopping, if nothing else.

Then for each group, the schedules were examined, and cases rejected where,

- (i) There was someone else in the household who was able to do the household duties, or to help with those duties found to be difficult.
- (ii) Someone outside the household could be depended on, in normal circumstances, to supply help (e.g. children living near, neighbours, meals-on-wheels or home help or private domestic help).
- (iii) The elderly people managed to overcome their main difficulties by special methods (e.g. using long-handled mops for cleaning, or making more trips to the shops to avoid over-laden hags, or having goods delivered).

- (iv) People with minor difficulties at some times were able to wait till later to get the job done—(e.g. "if I don't feel well enough to do the dusting, I leave it until I feel better", or "I can't always do the shopping, but I make do with larger stores until I can go out"). If there was any indication that waiting caused distress, they were included in the estimate. For example, the old lady who couldn't always manage to make her bed, and said she left it sometimes but always did it if she could because "nothing is worse than having an unmade bed staring at you all day" was considered as needing help, as was the woman who said "Well, I just have to leave it dirty until I can manage—it's not what I'm used to—but I can't do anything about it".
- (v) The difficulty was with major jobs that only needed doing occasionally—e.g. spring cleaning, or dusting the top of wardrobes.

The rest, that is those who had difficulty with day-to-day housework and/or shopping and/or cooking, and had no-one living either with them or outside the household on whom they could depend for help, and who couldn't manage with cleaning aids or by waiting until they could do it themselves, were considered to need a home help—unless the difficulty was with cooking only, when they were considered to need meals-on-wheels. The same procedure was followed for Coatbridge, which has at present no meals-on-wheels service, showing that such a service was needed.

The number of households per 1,000 households containing one or more persons of retirement age is shown in Table 15. The proportion of households not having, but needing the services of a home help varied area by area, the lowest proportions being in Coatbridge, Maidenhead and Kidderminster (23-29 per 1,000), the highest in Worthing (90 per 1,000). The numbers not having, but needing, home help are not apparently connected with the numbers being helped, that is, where a high proportion have already been allocated a home help, one might reasonably expect that a smaller proportion will still be in need. But Preston has the highest allocation rate, and still has a high "need" rate*.

If we take the full need in an area as the proportion being helped + the proportion needing help, but not getting it, then the numbers per thousand old person households range, for our areas, between 41 and 137.

Why do these differences occur? Those who are housebound or bedfast are more likely to need help than those usually able to get out, but in our 12 areas the proportions of elderly usually able to get out are remarkably similar, ranging from 89-93%, but in seven areas the range is 91-92%, the proportions not being significantly different (Table 18).

As far as getting about the house and taking care of themselves is concerned, there is some variation between areas, but this is not related to the estimate of total need for home helps in the areas (Table 19). Preston, Buckle, Dundee and Coatbridge all have over a third of their retirement population finding it difficult to get up and down stairs, a higher proportion than other areas, but

* Table 15 shows the position as regards households, as home helps are allocated on a household basis. Since, however, the number of old person households may not be easily available, or may not be compared with other inquiries which have used elderly people per 1,000, or elderly households per 1,000 elderly people, Tables 16 and 17 give these data. Using people as a proportion of all elderly people alters the order of magnitude slightly.

whereas Preston has the highest total demand, Buckie has the lowest, while Dundee and Coathridge are evenly spaced over the range between.

In general the retirement population of the three areas in Scotland includes a greater number of people who have some difficulty in getting around or looking after themselves, but the total need for home helps is smaller in Scotland than it is in the English areas.

Age is not itself a prime factor in the need for a home help, except in so far as it is more likely that with advancing age people will be less likely to look after themselves without difficulty, and more likely to be widowed, thus having a greater possibility of their living on their own. Table 20 shows (using 1966 Census figures), that while the proportion of the retirement population who are 75 or over, or under 65, varies somewhat, it does not tie up with the total demand figure.

Again, we know that those living alone, or with an elderly spouse, are more likely to need a home help than those living with other, younger people, but this factor alone cannot be used to estimate the need in any given area.

The additional numbers needing home helps could not be analysed for each area separately, as there were insufficient in our sample, but on the whole there appeared to be some tendency to overlook the needs of younger people (aged under 70) who were living with their spouses, and who while normally able to go out, were temporarily housebound.

It is quite obvious that there are other factors which need to be taken into account when estimating need, one of these being the amount of help supplied by neighbours and friends living outside the household. While we have been able to make allowances for this in calculating our estimates, it is impossible to present the results in tabular form, to see whether it is a major factor. The most we can do is to see what proportion of the elderly get the majority of their help from friends, neighbours, and children outside the household (Table 21). It appears, however, that Coathridge, which has the highest proportion getting help from these sources, still has one of the highest proportions having home helps, and although it has the lowest proportion of outstanding need, still ranks mid-way in the total need range.

There does not seem to be any one variable on which an estimate of the number of people in need can be based. Using our method, on average the home help service would need to be doubled just to deal with new cases, excluding any additional expansion due to the present recipients needing more time.

In only one of the 12 areas (Coathridge) is the estimated increase less than 50% of the present service, while in Preston, Oakham and Gosport, it would need to be increased by about two-thirds. In Salisbury, Holyhead, Maidenhead and Dundee, the service would need to be about doubled, in Sheffield almost trebled, and in Worthing nearly quadrupled, even if one ignored any increase in the amount of time allocated to the present recipients.

V HOUSING

It was almost impossible to get any reliable data as to the number of dwellings occupied by elderly, or the proportions of housing allocated for the elderly.

In the first place many areas do not have any housing specially allocated, let alone purpose built, for the elderly, and in other areas specially designated old people's housing is used to rehouse younger people (single persons or couples without children) when the need arises.

Again, sheltered housing (with warden supervision) was provided by only seven of the 13 Housing Authorities, and there were three schemes which were not purpose-built sheltered housing but had a warden installed by the Welfare Authorities or were linked with an Old Persons' Home. Even these schemes are not immune from the competition with younger people, usually the handicapped.

This competition for available bedsitters and one-bedroom accommodation is a little disturbing. The national figures (Census 1966) for Local Authority housing show that 11.1% of all Local Authority housing comprises dwellings of one or two rooms plus kitchen. There are, of course, areas which have a much higher proportion of this size accommodation. In Dundee, for example, 18% of the City's housing is in small units, but 25% of all households consist of one or two elderly persons. In Sheffield some 12% of Local Authority dwellings have one or two rooms plus kitchen, while 27% of all households consist of one or two elderly people. Indeed in Sheffield a rather incongruous situation in housing appears to obtain, in that the elderly were having to wait 10 or 12 years for rehousing, while at the time of the survey an advertisement was appearing encouraging younger people with families who were living in sub-standard or inadequate accommodation, or paying too high a rent, to register for rehousing, as the Department expected their waiting list for family flats to be cleared within two years.

In some areas the Authorities are aware of this disproportionate provision. In Dundee, for example, where the plans were to provide some 12,500 extra dwellings over the next five years, 17½% were to be of the 2- or 1½-roomed* types suitable for the elderly. Similarly in Maidenhead, the plans for 230 new dwellings include 25-30% of one-bedroom dwellings. However, although these dwellings will be suitable for the elderly, there is no question of their being used exclusively for people of retirement age.

There is no doubt that many elderly people can manage quite well in housing that is *not* purpose-built, and in most areas the Housing Departments will try to rehouse the elderly on the ground and first floor of blocks, or in hungalows, but this is not always possible. However, the elderly rehoused in "sheltered housing" are supposed to need special provision. But what is designated as sheltered housing varies from area to area.

5.0 SHELTERED HOUSING

In view of the great importance attached to sheltered housing, let us examine what is provided under this heading in different areas.

* 1½ rooms is an L-shaped room, with a curtained bed-recess.

Hampshire County Council (covering Gosport)

The Hampshire C.C. Welfare Committee makes an annual grant in respect of special housing schemes for aged and handicapped persons likely to need residential accommodation in the reasonably near future. They enumerate five welfare features which are regarded as essential for the accommodation to qualify for the grant:

- (a) The services of a warden living within the group of special housing.
- (b) A system of communication from each unit to the warden's accommodation.
- (c) An outside telephone line for the use of the warden.
- (d) A separate w.c. to each unit.
- (e) Background central heating for living rooms, bedrooms and bathrooms, the cost of which is included in the rent, except in schemes comprising small isolated units.

The Hampshire Welfare Committee have also reviewed other features which assist the aged and handicapped to remain independent, and have asked all Housing Authorities to consider their incorporation in any scheme of special housing for which a welfare grant is sought. They list 35 items, including aids to facilitate bathing, use of w.c., fittings to avoid climbing, stretching or heading, handles which are easy to use, etc.

Each unit in all three Gosport schemes has a separate kitchen, but bathrooms and w.c.s are shared. In two schemes electric underfloor heating is installed, in the other, heating is by means of electric panels. The cost of heating is included in the rent. Although the tenants can adjust the heating *within* the flatlet, the supply of electricity to the flatlet is controlled by the warden. There is normally no supply between May and October.

In two schemes some hot water is supplied from a central boiler.

All three schemes have a communal sitting room, but there are no communal dining rooms or T.V. rooms.

The amenities and the accommodation being of the standard required by the County Welfare Department does not automatically lead to the payment of the grant—as this is made for the tenant, who must be approved by the Welfare Department, and not the building.

Rutland County Council

Oakham Rural District

Oakham Rural District has all its special housing for the elderly in sheltered housing (40 housing units).

The County Health and Welfare Committee make a grant for each *hungalow* with a warden, if it is let to an elderly, retired person. The names of all new tenants are sent to the M.O.H. for his approval, and this has not given rise to any difficulties. No conditions are imposed by the Health and Welfare Committee on the warden's duties, nor on the design of the accommodation, although all new plans are now vetted by the M.O.H. and his suggestions are usually accepted.

Details of the Accommodation

Because old people are unwilling to move from one village to another, the *hungalows* have been scattered throughout the area. In most cases they are

situated next to an estate of Council houses, in which case a warden is recruited from amongst the normal tenantry. There are two cases where the hungalows are not near an estate. In one, one of the tenants, an elderly lady who is a "First-aider" was appointed as the warden, and in the other, a neighbouring farmer's wife, who used to be a nurse, is the warden.

Every hungalow is fitted with a bell system of communication to the warden's accommodation. There are altogether seven wardens, all working part-time. Some are only responsible for four or five hungalows. Their duties are to act in an emergency, by calling the doctor, relatives etc., and to check up each day that the old people are all right. In practice they frequently do much more for the old people.

A letter is sent to all new tenants of old people's hungalows giving details of the warden service, the reasons for having a warden, the limit to the warden's official duties and the name and address of their particular warden. They are also given a spare front-door key, which, if they wish, they may give to the warden.

Each hungalow has two rooms, kitchen and bathroom. Many have also got a hed recess in the living room so that a son or daughter can live, or stay, with their parents. They are all heated by means of a solid fuel fire in the living room, with a hack boiler, which provides the hot water and heats a radiator in the kitchen. An electric wall fire is fitted in the bedroom.

Oakham Urban District

The six bed-sitting room flats are on the ground floor of a three-storey block, with family flats above. Each old person's flat is self-contained, with its own kitchen, bathroom and w.c., and outside store shed. Heating is by means of a solid fuel fire in each flat, with a hack boiler for hot water.

There are no communal rooms. The warden, who is part-time, lives in a flat in the same block and is responsible for calling a doctor or relative in an emergency, and for seeing that the old people are all right. There is a bell system of communication between the old people's dwellings and the warden's flat.

These dwellings qualify, like the Rural District Council's old persons' hungalows, for a grant from the County Health and Welfare Committee.

Sheffield

There are no dwellings in Sheffield which were specifically built with the purpose of housing frailer elderly people, where a warden is supplied and a grant made, by the Social Care Department.

There are, however, two schemes where wardens are in residence.

- (1) An estate of 208 flatlets (housing about 270 elderly persons) has attached to it a house which is let to the Social Care Department. The Social Care Department has installed a married couple as wardens, and also pays four domestic helpers.
- (2) An estate of 26 one-bedroom flats, occupied mostly by married couples, each having their own kitchen, bathroom and w.c. There is also a separate communal building, and gardens cared for by the Housing Department. No special amenities such as central heating or a hot water supply are provided.

This accommodation was built with the aid of a grant from the Air Raid Distress Fund, and the original lettings were made to elderly people who had lost their homes through air raid activity, although this has now been discontinued for relets.

No special qualification or conditions are laid down for consideration for rehousing on either of these two estates.

Preston

The scheme linked with a Residential Home is in Rothwell Crescent and was completed in 1956. It is a block of flats on two floors and comprises 34 one-bedroomed self-contained flats. Heating is by means of individual solid fuel fires with back-boilers. The tenants are entitled to use the facilities of Wilson House, and the Matron "keeps an eye on them". There is no call-bell system between the flats and the Home. The M.O.H. is responsible for letting these flats, and does so partly from those on the list for Part III and partly from recommendations from various sources, including the Housing Department. The flats are let not only to old people, but to the handicapped as well.

The warden-supervised scheme, Warwick House, Oxford Street, was completed in April 1964 and consists of 22 bed-sitting room flats and six one-bedroomed flats. Each flat has its own kitchen. Bathrooms are shared, as are w.c.s in the bed-sitting room flats. The one-bedroom flats have their own w.c.s. The flats are heated by electrical under-floor warming and have hot water supplied from a central source. There is a communal sitting room with T.V. and a reading room; the two rooms can be turned into one, if required. There is a kitchen attached for catering for social occasions and a laundry where the tenants can do their own washing. All the flats and the communal bathrooms and w.c.s are connected to the warden's flat by a call-bell system.

The Housing Manager is responsible for letting the warden-supervised housing, and although there may be consultation with the M.O.H. on this, it is not compulsory. On the whole, the old people in the warden-supervised housing are more frail than those in normal housing, and most have some sort of disability, such as a bad heart. The accommodation is regarded to a certain extent as a half-way-house to a Residential Home. The Housing Manager, however, said that he and his staff experience some difficulty in getting old people in Warwick House admitted to hospital.

Maidenhead

There are no warden-supervised dwellings in Maidenhead, although there are some in other districts in the County. The provision of sheltered housing was under consideration.

Worthing

There were four warden-supervised schemes in Worthing at the time the information was sought. In all of them, each bed-sitting room has its own cooking facilities and hot water supply, mostly in the form of a cupboard kitchen, but a few have separate kitchens. Bathrooms and w.c.s are shared on the basis of one bathroom for four tenants, and one w.c. between two.

Three of the schemes are in converted houses, two of them being on opposite sides of a road and sharing a warden. In two of these conversions, the bed-sitting rooms are heated by individual electric radiant-convactor heaters run off the tenants' own meters, and in the third, electric off-peak storage heaters have been fitted, and the cost of heating included in the rent.

The fourth scheme was purpose-built, and comprises three separate blocks of bed-sitting room flats, with a communal sitting room (with T.V.) and reading room situated in the middle block, which also contains the warden's flat. The blocks are centrally heated, and the cost included in the rent.

In all four schemes there is a bell system of communication to the wardens' flats. Indicator boards are situated outside the wardens' flats as well as in a central position in the linked blocks where there is no warden resident, so as to improve the chance of the warden, or in her absence someone else, being aware of a call for assistance.

The West Sussex County Council Welfare Committee makes a grant to the Housing Committee in respect of all the warden-supervised schemes.

Salisbury

There is one scheme of 26 dwellings which has warden supervision. Twenty-seven people live in this scheme, two of whom are not of pensionable age. Each flat has its own kitchen, bathroom and w.c., and there is a communal sitting room with a T.V. set. There is no heating or hot water from a central source, the heating being provided by gas-warmed air which, together with the hot water supply, is under the control of the tenant.

There is also a guest bedroom which can be used for the tenants' visitors. There is a small laundry fitted with a washing machine provided by the County Welfare Department.

Wiltshire County Council make an annual grant and tenants for warden accommodation are chosen jointly by the Local Authority and the County. A list of people on the housing waiting list who are capable of looking after themselves, but feel they need someone to keep an eye on them, is submitted to the County Welfare Officer, who also has a list of people in Residential Homes and hospitals who might be suitable for warden-supervised dwellings. The choice is made after joint consultation.

Holyhead

There is at present no warden-supervised accommodation for elderly people in Holyhead. The only sheltered housing is the scheme linked with the Old Persons' Home, Llys y Gwynt. The 16 one-bedroom bungalows each have their own kitchen, bathroom and w.c. and are heated by an open fire in the living room with a back-boiler for hot water. There is no call-bell system linking the bungalows with the Home, nor any direct supervision by the Matron, but she will take any action necessary in an emergency. These bungalows qualify for a subsidy from the County if they are used for retired elderly people.

There are also 16 two-bedroomed bungalows next to these, used mainly for elderly people, although not exclusively.

Kidderminster

There are four warden-supervised housing schemes:

(i) *Birchen Coppice Estate*

There are 44 one-bedroom bungalows, housing 51 people. Some of the bungalows were built in 1950, when there was no warden; the remainder, with the warden accommodation, were completed in 1957. Each bungalow is self-contained with its own kitchen, bathroom and w.c. Heating is by means of a solid fuel fire with a back boiler for hot water. There are no communal rooms, but there is a bell system linking the bungalows to the warden's accommodation.

(ii) *Habberley Estate (i)*

Fifty-three one-bedroom bungalows were completed in 1960, and at present they house 71 people. These bungalows have the same amenities as those on the Birchen Coppice Estate.

(iii) *Habberley Estate (ii)*

There are 38 one-bedroom flats which were completed in 1965, linked to the warden's accommodation by a bell system. The flats are self-contained and heated by gas-warmed air, hot water being provided by an immersion heater. Also included under the warden's supervision are 22 nearby one-bedroom bungalows, similar in design to those already described. These are not linked to the warden's accommodation by a bell system, but a flashing light signal has been fitted to a window in a prominent position.

(iv) *Carter Avenue and Greatfield Road*

There are 19 one-bedroom flats, 14 one-bedroom flats and 12 two-bedroom flats which were completed in 1965. All are linked to the warden's accommodation by a bell system, and they are all heated by means of solid fuel fires with back boilers for hot water.

In none of the schemes are there any communal rooms. Grab rails are fitted, if required, to the baths.

The County Council assists the Housing Authorities with the provision of the welfare services in the sheltered housing schemes, if there are about 30 dwellings involved. It pays the warden's wages and rent. It also pays for any cleaners needed and covers the cost of the installation of a telephone and any welfare calls. It also covers the cost of installing a bell system. If any communal rooms are provided, the County pays the loan charges on these rooms and makes a grant of about £100 towards furniture. It will also pay the loan charges on a laundry, if one is provided. The County insists that, except for handicapped persons, the tenants should be of pensionable age, although they do not mind if they are doing part-time work. The County does not vet the lettings.

Apart from the warden-supervised scheme mentioned above, there are 16 one-bedroom bungalows on the Comberton Estate which have been fitted with the flashing light signal. The bungalows were completed in 1954, but the signal has only been installed for 3-4 years, and in that time only used once. The light is fitted in a window in a prominent position and flashes on and off when switched on. Each tenant is given a card to display in the window which is worded as follows:

"FLASHING LIGHT SIGNAL"

If the light is flashing the occupant is in need of assistance. If you cannot help, please advise a neighbour or the police as a doctor may be required."

In fact, most of the cards had faded to such an extent that the words were hardly legible, but it was said that all the people in the neighbourhood knew about the signal, and that new cards were being issued periodically.

Coatbridge

Although there were no warden-supervised schemes, there were two special schemes which were used mainly for the elderly.

- (1) In Manse Avenue, Kirkwood Estate, there are 24 two-roomed, self-contained flats with a communal room, which was furnished and equipped with T.V. by the Welfare Department. There is a caretaker who keeps an eye on the tenants, but no call-bell system. Gas fired background heating is provided from a central source at a cost of 1s. per week to each tenant.
- (2) Gartsherrie Hostel for Women and Bargainsholme Hostel for Men. In the Gartsherrie Hostel there are 16 self-contained one-room flats (each with own w.c., kitchen and bathroom), a caretaker's flat and a communal room. In Bargainsholme Hostel there are 15 one-room flats, which have their own kitchen and w.c., but communal bathrooms, and a caretaker's flat. The rents of the flats in the hostels are particularly low, about 15s. per week, including rates, plus 6d. per week for all electricity.

Dundee and Buckie have no sheltered housing schemes.

5.1 WAITING LISTS FOR REHOUSING

Only four areas kept waiting lists for the elderly separately from the general housing waiting list, Worthing, Salisbury, Sheffield and Oakham R.D. In four areas, (Preston, Maidenhead,* Kidderminster, Buckie) the housing waiting list was divided according to the size of accommodation required, and most of the elderly were on the list for bed-sitters or one-bedroom units. In Gosport and Dundee, applications from the elderly were on the general waiting list, but were clearly marked for easy identification. In Oakham U.D. the list was divided into four categories, category one being for local residents, and all elderly people were put on this list. In Coatbridge, also divided into four categories, most of the applicants on the "Long-term ratepayers" list, open only to people who had been paying rates in the Burgh for 30 years or longer, were elderly. However, if the elderly hadn't this qualification they could opt for the Points scheme if they had lived in the Burgh for at least 10 years. If they hadn't lived in the Burgh for 10 years, they had to be content with the Intermediate Waiting List, which might enable them to get a house built between 1919 and 1923. The fourth list carried the 10-year residence qualification, and covered rehousing in one of the two L.A. Hostels, which consist of self-contained one-room flats let at a very low rate.

5.2 REVIEW OF THE WAITING LISTS

In most areas letters are sent out at fixed intervals (usually of one or two years) asking applicants if they want to remain on the housing waiting list. If the applicant does not reply, his or her name is deleted from the list. This seems an unsatisfactory way of dealing with elderly people, who may not be able to reply for some reason, or who fail to realise they have to reply if they still want

* Maidenhead was planning to keep a special elderly persons list.

rehousing. We did come across people who were surprised to find, when they got tired of waiting and went for news, that they had been taken off the list. It might be worth while visiting the elderly who do not reply, to check whether they wish to remain on the list. If the officials are too busy, perhaps one of the voluntary organisations could undertake this simple task, which occurs once a year or less often.

As far as we could discover, it was only in Oakham R.D. that the Housing Department arranged regular visits to determine changes of circumstances or need. In other areas, the officials depended on the applicant to advise changes, not checking until the case was up for consideration.

5.3 RESIDENTIAL QUALIFICATIONS

In Preston, everyone can put their name down on the waiting list, even if they do not live in, or have any connection with, Preston, but there is a priority list and those on the non-priority list have little chance of being offered accommodation. In most other areas, only residents in the area can register, although Salisbury, Kidderminster and Oakham U.D. also accept people who have worked in the area. There are one or two smaller exceptions, such as parents having connections with the area, which are given in the area reports.

In theory, some areas do not have a minimum length of time before consideration is given to an application, but in Gosport and Coathridge it is rare for an application to be considered unless the applicant has lived there for 10 years, in Dundee it is five years, in Kidderminster 18 months, in Salisbury and Oakham U.D. one year, and in Buckie six months. In Sheffield, although there is no time restriction, applications were dealt with according to date of application, and at the time of the survey they were rehousing elderly people who had applied over 10 years previously.

We did, indeed, find that the vast majority of those rehoused had lived in the area for more than 10 years. In Sheffield, Kidderminster, Gosport and Oakham U.D., every elderly person rehoused had lived in the area for 10 years at least, and in Dundee and Coathridge, although one person with a shorter term of residence had been rehoused, this was due to slum clearance. Holyhead showed the lowest proportion living in the area for that length of time, but even here it was as high as 80%.

Generally the elderly rehoused had a much longer length of residence. In Worthing and Salisbury, some 40% of those rehoused had lived in the area for at least 40 years, in Holyhead, Maidenhead, Oakham R.D. and Gosport, the proportion being 50%. In Sheffield, 97% of elderly who had been rehoused had lived in the City for at least 40 years, some of them being born there 70 or 80 years previously.

So that although it would appear from official policy that a newish resident might have more chance of getting rehoused in say Kidderminster compared to Gosport, in Kidderminster 80% of the rehoused had lived in the area for 40 years or more compared with 53% in Gosport, while all the elderly rehoused in both these areas had lived in the area for 10 years or more.

This does not necessarily mean that those rehoused had lived in the accommodation from which they were rehoused for these lengths of time. A small minority had been living in their previous accommodation for less than a year.

There is some evidence that where there has been a long wait for rehousing, some of the applicants move to similarly unsatisfactory dwellings, from which they are later rehoused.

5.4 OTHER RESTRICTIONS

In Buckle and Worthing it was said that owner-occupiers were not considered for rehousing, although we did find some who had been rehoused. In Gosport, while owner-occupiers are generally not considered eligible, they may be considered for warden accommodation if they have special needs.

A further restriction in Worthing was that no elderly man living on his own was ever rehoused!

5.5 FACTORS TAKEN INTO CONSIDERATION WHEN ALLOCATING OLD PEOPLE'S HOUSING

Slum clearance and redevelopment take priority in all areas, and Preston, which has a huge slum clearance programme, has little accommodation to offer other applicants.

In four areas, a formal points scheme operates, but rather different weights are given to factors such as the length of time on the waiting list, lack of amenities, etc.

In other areas there is no formal points scheme, but weight is given to age, length of residence in the area and on the waiting list. In Oakham U.D. and R.D. and Buckle there is no need for such a scheme as most of the applicants are known. Sheffield allocates strictly on date of application, irrespective of the housing and/or health of the applicant.

There is little point in giving the details of all the various points schemes and other methods of allocation (they are given in the area reports).

Perhaps we could consider a hypothetical applicant to illustrate the different ways the various Authorities would deal with the application:

A man in his 70's lives in two rooms at the top of a house. There is no bathroom and the w.c. is at the bottom of the garden. He moved into the town with his wife, on retirement eight years ago, but his wife has since died and he has recently had a stroke and walks with a walking aid. Now would he qualify for rehousing? One area says "No, he wouldn't qualify for rehousing at all because it is our policy never to rehouse a man on his own; he would never qualify for a house unless he remarried". In two other areas they would say "No, he doesn't qualify because he hasn't lived here ten years and he has to have lived here ten years before he can be considered". In another they would say, "Well, yes, he really does qualify for rehousing but he will have to wait 18 months because, unless it's slum clearance, he must go on the waiting list for 18 months and then he will be rehoused". In yet another area the man would qualify for immediate rehousing but the Authorities are now rehousing those who qualified at least ten years ago, so he would have a very long wait.

In one area this man would qualify immediately for rehousing were he living in furnished rooms instead of unfurnished.

Thus, this man's case would be treated somewhat differently in the various areas, on the stated criteria. But exceptions are made. We found that some owner-occupiers were rehoused in areas which said this was a disqualification, this usually being because the houses were in development areas.

5.6 LOCAL AUTHORITY TENANTS WANTING REHOUSING

Table 22 shows the previous tenancy position of those rehoused, and it will be noticed that in some areas between one-third and one-half of the elderly who have been rehoused were already Local Authority tenants. These figures are slightly exaggerated by the fact that in some areas, Councils who are going to clear or redevelop an area may take over the ownership for a period before their schemes materialise, and therefore some people in slum property pay rent to the Council, thereby calling themselves Council tenants. In Kidderminster, Holyhead and Dundee, a high proportion of those rehoused from Local Authority property were in prefabs, which had to be demolished.

Apart from this, most Local Authority tenants were living in accommodation which had bathrooms and indoor w.c.s, and was structurally sound, and it might be hard to justify rehousing purely on grounds of inferior accommodation.

However, almost all Authorities allow "exchanges"—an arrangement whereby two tenants agree to swap accommodation. The Authorities themselves will arrange for transfers where an elderly tenant wants, say, a ground floor rather than a higher-storey flat. Only a small proportion of rehousing is for these reasons.

There is one category of Local Authority tenants who have to be considered separately, and this is the elderly person or couple whose accommodation is now too big because their family has grown up and moved away. All areas have a policy allowing for rehousing in such cases, but Sheffield, Kidderminster, and the three Scottish areas do not encourage it, as there is a shortage of smaller flats and houses. In Holyhead and Worthing some pressure is exerted where necessary, in the interests of housing management, to get elderly people to move to smaller accommodation.

In one area, where living in accommodation that is too big for their requirements is a main criterion for qualifying for rehousing, it was found that almost all those rehoused for this reason were already Local Authority tenants, and in a new development which was to be ready for occupancy in the next month or two, all 19 hungalows had been allocated to elderly people who were already Local Authority tenants. There can be little doubt that many elderly people find their accommodation too much for them to cope with when their family has grown up and left, and, with increasing age, housework and gardening become more and more difficult, so that under-occupation seems a very good reason for rehousing. But to confine this almost exclusively to Council tenants seems to show more concern for the general housing policy than for the elderly.

It is important to remember that Housing Departments are trying to meet the needs of all types of households, not only the elderly. Where, for example, moving an elderly tenant in quite good housing because she wants to be in a different location means they are then able to house another younger family as well, while moving a tenant from sub-standard privately-rented rooms would mean benefiting only one person, there must be quite a temptation to arrange for the letting to their own tenant. Once again, the elderly are in competition for places, due to the general housing shortage.

5.7 FACTORS CONSIDERED BY THE LOCAL AUTHORITIES AS CRITERIA FOR REHOUSING

(a) Slum clearance and redevelopment

This is given priority.

(b) Overcrowding

Overcrowding is *not* a problem of the elderly population. In general the opposite applies, that elderly people have too many rooms to cope with, which causes some difficulty. There are a few elderly people living with their families who, with grandchildren growing up, or appearing on the scene, find lack of rooms difficult, but very, very few, if any, are rehoused in elderly people's accommodation for this reason. Most of these cases seem to gravitate, when the situation becomes impossible, to residential accommodation (see Section 6.3), rather than to a home of their own. Doubtless some of these elderly will be moved with their family when overcrowding occurs, but others, perhaps because of the long wait there might be before this occurs, think it unfair to their children and grandchildren, and apply for residential places.

(c) Lack of amenities

Sub-standard housing is, of course, the main reason for rehousing, and while lack of amenities such as not having a bathroom or w.c. for the sole use of the household, or having an outdoor w.c., etc., are contributory factors to accommodation being described as sub-standard, they are not the only factors. A dwelling which has all amenities, but which is structurally unsound, is just as much sub-standard. However, it might be worth examining the lack of amenities in the previous accommodation of those recently rehoused (Table 23).

In Kidderminster, nearly 70% of those rehoused had had the sole use of bathroom, kitchen and w.c. in their previous dwelling, compared with just under 20% in Dundee. The high proportion in Kidderminster is partly due to the rehousing of households living in pre-fabs, who, although they had the amenities, were otherwise not well housed. The proportion of those with sole use of amenities is related to the proportion of L.A. tenants rehoused.

Another indication of sub-standard housing might be to consider the proportions having no w.c., or only an outdoor w.c. (Table 24). In Holyhead, Sheffield, Preston, Oakham U.D. and R.D., two-thirds of those rehoused, and in Dundee almost two-thirds, had either no w.c., or an outdoor w.c.

It is clear that in some areas, such as Worthing and Maidenhead, where the standard of housing generally is higher, this factor would, and does, carry weight in fewer cases that qualify for rehousing.

(d) Ill-health

Ill-health is one of the factors taken into account in most, although not all, areas, and is given a different weight as regards housing points. This is clear from the area reports, but one or two examples are given here. In Salisbury the points scheme allows a maximum of 15 points each for length of residence and condition of accommodation, while a maximum of 10 points is given for a chronic illness or disability. In Kidderminster, while T.B. cases may be given priority for rehousing, other medical cases involving permanent and chronic disability, or illness affected by housing conditions, may be awarded 1-5 points, whereas living in rooms or apartments, as distinct from a self-contained flat, entitles the applicant to five points.

In Dundee, 15% of new houses are allocated on health grounds.

(c) Sharing amenities

This again is given different weights. In Gosport sharing amenities is a main factor, and even if the accommodation is first-class, is considered a good enough reason to qualify for rehousing. In other areas it is given little or no weight on its own.

(f) Dwelling too big

In Gosport this is again considered a good enough reason to qualify for rehousing, although in practice it appears to be only Local Authority tenants who get rehoused because of this. Other areas will only consider this if there is some health reason which makes it difficult for an elderly person to live in a big house.

The foregoing factors are those which we have been told apply in most areas as being those which affect rehousing. In all areas we were told that there were exceptions, rehousing being arranged for other reasons, not covered by existing points schemes or usual procedures. No reasonable person would argue against this elasticity—indeed, it may well be considered not only praiseworthy but essential in the interests of good housing management.

We did, however, come across the isolated case in some areas where it was difficult to see why rehousing was considered necessary in view of other cases on the waiting list, particularly in the use of sheltered housing. Three of our 13 areas had no sheltered housing, and in some other areas the numbers we interviewed were too small to enable us to make comparisons between sheltered and other purpose-built dwellings, but while it was quite clear in Salisbury and Kidderminster that those in sheltered housing were more frail and less able to look after themselves, and in Preston they were older, though not on the whole less able to cope, in three areas there was no difference between those in sheltered and ordinary old people's housing.

5.8 REASONS GIVEN BY THE ELDERLY WHO HAVE BEEN REHOUSED (Table 25)

In five of the areas we investigated, over half the people rehoused said they had no choice but to move, although some of them wanted to move anyway. Usually, "having to move" is associated with slum clearance and redevelopment programmes, as in Sheffield, Preston and Dundee, but this is not the case in all areas. In Salisbury and Worthing a number of people had to move because they were living in rooms and had been given notice to quit, or because, in the rural district of Oakham, in Holyhead and Maidenhead, they were living in accommodation held by virtue of their work, and became homeless when they retired.

A number of people gave more than one reason for wanting or having to move; health, and the bad condition or size of the house often went together. It will be seen that some conditions operated in some areas which were almost non-existent in others. In Worthing, Salisbury and Maidenhead, for example, there were 10-20% who had wanted to be rehoused because they were living in rooms or as boarders and felt that their tenancies were insecure, and wanted greater security; no-one in Coathridge and only one person in Dundee gave this as a reason.

In most areas some of those rehoused give wanting to be near their children, or nearer the town centre or in a different part of the city, as a reason for wanting a move, but no Authority gives this as one of the factors taken into account

when deciding the need for rehousing. Living nearer to children, or even shops, may not be merely social, in that the children might then give supportive services to their ageing parents, and living nearer shops may mean they could do their own shopping and not need the services of a home help. It well may be that this is a factor worth considering, both when deciding to allocate a house, and in the actual placing of people.

5.9 DISTANCE AWAY FROM FORMER DWELLINGS

All Housing Departments try to rehouse as near as possible to the old home where this is desired, but in many areas it is an impossible task, especially where central areas are being developed, and the Council have only the outskirts on which to erect new housing schemes.

In many areas, a very high proportion of those rehoused were accommodated in dwellings within five or 10 minutes walk of their previous homes, (Table 26). In Oakham U.D. some 70% and in Holyhead, Oakham R.D. and Coathridge half of the new tenants, were thus located. In other areas, however, a large number were rehoused over 20 minutes away from their former homes. Some of those now rehoused over 15 minutes away from their old home said they had considered refusing the offer on this account, but most of them had settled down, and no longer wanted to be nearer. Only 4% of those rehoused were still dissatisfied, most of these being in the Maidenhead area.

5.10 VIEWING ACCOMMODATION (Table 27)

In Coathridge, over half of those rehoused, and in Preston and Oakham R.D. about a third, were taken over the offered accommodation by an official of the Housing Department, compared with 2% in Sheffield and 5% in Dundee. The great majority of prospective tenants went by themselves or with a friend to view the accommodation. All the people in Dundee, and all but a few in Coathridge, Oakham R.D., Holyhead and Sheffield viewed the accommodation before accepting it, but nearly a third of those in Salisbury did not view before accepting. However, in Salisbury this was not important, as many of the applicants had watched the new estate being built, and were familiar with the site and dwellings, eagerly accepting the offer made.

5.11 HELP WITH THE MOVE

In Sheffield, the Housing Department advise the Council of Social Service of the names and addresses of all elderly persons who are to be rehoused, so that any in difficulty can be helped.

Most of the elderly managed the move on their own, or with help from neighbours and friends, and had no difficulty. Only two households of the 800 we interviewed had had any sort of official help with the move itself, but 13 said they would have welcomed help.

5.12 DID THE ELDERLY NEED MORE TIME TO MAKE ARRANGEMENTS FOR MOVING?

In all areas* some applicants who accepted a flat said their tenancies started less than a week after acceptance, the proportions varying from 10% in Oakham U.D., to 64% in Preston, and in the majority of cases the tenancy started within two weeks. In half the areas, less than 10% had as long as three weeks to make

* These comments do not apply to Gosport, where these data were not collected.

arrangements, but in Dundee and Oakham, both U.D. and R.D., over a quarter of those rehoused had at least three weeks, most of them longer than the minimum period, and in Maidenhead 20% were given three weeks or more.

In all areas except Oakham U.D. and R.D., some of the elderly said they would have liked more time between accepting an offer and having to start paying rent for the accommodation. In most areas the proportion who said they would have liked more time was between 15-20%, but in Holyhead it was only 6%, while in Buckie 9 out of 11 said they would have liked more time, usually one week only. Some of the elderly actually asked for more time, but this was not granted, except in one case.

5.13 ACCESS TO NEW DWELLING

Over half the sample knew they could have access to their new dwelling, for measuring up, etc., before the tenancy started, this proportion being highest in Oakham U.D. and R.D. (92% and 94%), Kidderminster (84%), Dundee and Cothridge (both 82%), and lowest in Preston and Salisbury (54% and 56%).

5.14 "WELFARE" WHEN REHOUSING

When an elderly household is being rehoused there may be a greater need for some form of welfare than is felt by younger tenants. This might include a more personal introduction to the new dwelling, asking if they can manage the move, arranging, where necessary, for gas and electricity supplies, and generally helping them over this difficult period. Most of the elderly manage to cope quite well, but there is still a minority who might need more help than they are given.

This inquiry was not designed to consider this "welfare" angle in any detail, so we do not know what the Council of Social Service in Sheffield actually do when they are advised of removals, and how much help is needed or given by this body. In view of the pressure of work on the present officials of most Housing Departments, they might like to consider whether a Voluntary Organisation in the area could arrange to help where necessary.

5.15 USE OF HEALTH AND WELFARE SERVICES AFTER REHOUSING

There is some evidence, although the numbers are small, that after rehousing more people get other health and welfare services, mostly home helps, although there also seem to be more who see the District Nurse and have chiropody. It may be that rehousing brings these people to the attention of the Health and Welfare Authorities in some areas.

5.16 NUMBERS OF PEOPLE QUALIFYING FOR REHOUSING

Elderly people who might qualify for rehousing are not always on a housing waiting list, and it was originally intended to make an estimate based on (i) the eligibility of those already on the waiting list, plus (ii) those who were qualified but not on the list.

However, when samples were taken from those on the waiting list for rehousing (or in some cases we sought to interview everyone on the list), in about half the areas they were so out-of-date that they served little purpose as a basis for

estimation. In some cases applicants had died, or moved, or no longer wanted to be rehoused. In one area, from a sample of 20 households on the waiting list, only six proved to be "live" applications.

Details of the way in which the estimates of those qualifying for rehousing were made are given in the area reports. For example, in Sheffield, where anyone who applies can be put on the waiting list, we counted all the elderly people who said they would like to move to a Council dwelling, irrespective of their conditions. In Dundee, old people who were under-occupying ordinary Council property and wanted to move, and all those lacking amenities in their houses, were considered as qualifying for rehousing, these being the criteria specified by the Factor's department. The number of people estimated as qualifying for rehousing, based on the criteria used by the Authorities in their rehousing in the years just before the inquiry, is shown in Table 28.

It will be seen that the proportion in Worthing is quite low, partly because they will not rehouse owner-occupiers or men living on their own, a very high proportion of residents in Worthing being owner-occupiers. Sheffield has the highest number qualifying, being the number who want to be rehoused, disregarding their conditions.

5.17 FUTURE PLANS AT TIME OF INTERVIEW (see page 10 for dates)

We have shown that a large increase is needed in the amount of housing for old people. It would be only fair to give here some details of the provision that was already being planned.

Worthing

Two further schemes of warden-supervised dwellings, comprising 29 units altogether, were being provided. It was expected that one would be banded over early in 1966, and the second about a year later.

Salisbury

Plans had been made for the erection of 18 units of accommodation (10 doubles and eight singles), which would be under the supervision of a warden. This would allow for 18-28 elderly persons to be rehoused, and they were expected to be ready for occupation in February 1966 or earlier.

Holyhead

Apart from the two-bedroom accommodation being built for general needs, which could be used for elderly people, two warden-supervised schemes were being planned. One at Newry Fields would have 16 one-bedroom ground floor flats and the other at Maes Bleddyn would have 16 one-bedroomed bungalows and four two-bedroomed bungalows. Both would have a common room and accommodation for a warden.

Sheffield

Three hundred and five one-bedroom flats and seven bedsitters were being built, to be ready for occupation in the very near future. In addition, two bedsitters were expected to be ready in November 1966, and 22 bedsitters and eight one-bedroom dwellings in a warden-supervised scheme were expected to be ready for occupation January/February 1967. As part of a continuous

building programme 488 one-bedroom dwellings without a warden were under construction, and a further 427 were in contracts not yet started. All this accommodation was being planned for persons aged 60 years or over.

From 1956-1965 the proportion of one-bedroom dwellings approved by the Council for the building programme had been 25%. For 1965-70 the City Council has raised the target of one-bedroom dwellings to a minimum of 30% with a possibility of this proportion being exceeded in certain favourable redevelopment areas.

Preston

During 1966 about 206 units of accommodation suitable for old people were expected to be completed, including a warden-supervised scheme in Harewood Road. There were already 12 one-bedroom bungalows in Harewood Road, and the rest of the scheme, comprising 20 bed-sitting room flats and warden accommodation was expected to be completed by the end of March 1966.

With a large number of known old people in declared slum clearance areas, let alone those in "twilight" areas to be cleared in the future, the immediate old people's housing programme would certainly not satisfy the need.

Maldenhead

Plans had been made for the erection of 230 new dwellings, of which 25-30% were to be one-bedroom dwellings, some of which would be for allocation to elderly people. In addition, eight one-bedroom flats were being erected for the elderly, thus about 70 one-bedroom flats would be ready for occupation by Spring 1966. Tenders were also out for industrialised buildings to accommodate 28 old people.

Kidderminster

Two warden-supervised schemes were expected to be completed within the next 12-18 months. One would comprise seven one-bedroom bungalows and 16 flats, and the other, comprising 38 one-bedroom bungalows, would also have a communal centre. The latter was on the Birchben Coppice Estate and the centre would be available to the elderly tenants of the other one-bedroom bungalows on the estate.

The Housing Sub-Committee's needs for further warden-supervised schemes had been submitted to the County Council for consideration, and if these were approved, they would provide, by 1971, another 265 units of accommodation. Whether this would meet all the needs of the elderly in Kidderminster was not really known. It would depend largely on the extent of the slum clearance programme.

Gosport

Plans had been made for the erection of:

- (a) 20 bungalows (10 single, nine double, one to be used by general assistant to warden).
- (b) 24 warden-supervised dwellings (20 single, four double).
- (c) 27 bungalows, some single, some double.

The 19 bungalows under (a) would be ready for occupation February/March 1965, and the accommodation had already been allocated, all to people living in other Local Authority property.

The 24 warden-supervised dwellings were to be ready for occupation February/March 1965. Two would be needed for people from property due to be demolished. The rest had still to be allocated, and we were told that applicants on the waiting list would be considered.

It was not possible at the time of interview to forecast the date for the occupation of the 27 bungalows.

Oakham U.D.

There were no flats under construction, but two schemes for older people were being planned. One for 28 warden-supervised one-bedroom flats was expected to be completed in about 18 months, and the second, involving about 10 units of accommodation, was still in the discussion stage, and was unlikely to be completed in less than two years.

Due to a road widening and new bridge scheme, there is an area in Oakham due to be redeveloped in about 1970. It is estimated that this will result in 30 elderly tenants having to be rehoused. It is not known yet whether there will be any housing provided in the redevelopment area.

Oakham R.D.

Nine further bungalows were being built, five of which would be ready before Christmas, and four in the Spring. Eight more were being planned. In the new bungalows, because of the problem of hypothermia, an extra radiator off the back boiler would be situated in the bedroom. One of the bungalows would have two bedrooms to accommodate comfortably a three-person household. They would all have warden supervision.

Dundee

Over the next five years, it was planned to build about 12,500 houses, of which 17½% would be suitable by nature of size and location for housing elderly tenants.

Coatbridge

The Housing Department was not aware of any plans for providing special housing for the elderly in the future. The normal housing programme incorporated plans for providing two-room dwellings which would, in the main, be used for the elderly.

Buckie

A scheme of about 180 houses was being planned, about a quarter of which would be two-room houses suitable for elderly people. Work was due to be started on this by the end of 1966, and the first units of accommodation handed over in 1967-68. A small development in Seatown was being contemplated which would incorporate about 12 specially designed two-room houses for old people. It was felt that these plans would just about clear the existing waiting list of 250. The Town Clerk thought, however, that there were probably some old people in poor standard housing who would not apply for Council accommodation because they regard it as charity.

It is quite clear that the future plans in all areas except Buckie would not meet the need then existing, but all Housing Departments were fully aware of this. The total number qualifying in an area is not likely to change drastically unless the criteria are changed, so not only the current planning, but any future plans, will decrease the numbers qualified but still waiting. Nevertheless it would be many years in areas such as Sheffield, Salisbury and Maidenhead before all those qualifying could be rehoused unless the number of units per year planned were to be greatly increased.

Meantime, many of those in bad housing (some of whom do not even now qualify because of restrictions), will doubtless find themselves in Old People's Homes, as will be seen in the next section dealing with Residential Accommodation.

VI RESIDENTIAL HOMES

All Major Authorities (County Councils, County Boroughs and London Boroughs) provide residential accommodation for those who by reason of age or infirmity or any other circumstances are in need of care and attention.

Most of these people are cared for in Homes run by the County or County Borough, but some are in Voluntary Homes, the County or County Borough being responsible for the charges. The areas with the largest proportion of residents in Voluntary Homes, paid for by the Authority, are Worthing and Gosport. [Gosport is in a rather favoured position, in that there is a Home (Northcott House), administered by the God's Port Housing Society Ltd., which gives preference to people who have lived in Gosport for a number of years. The Hon. Welfare Officer to the Society is the Area Welfare Officer, and at the time of our inquiry, the County was financially assisting 32 of the 41 residents there. It is a purpose-built Home, in its own grounds, and enjoys a very high reputation in Gosport. There is a waiting list of 50 for this Home, and many of the elderly in Gosport put their name on the list, so as to have a chance of a place when needs arise.]

Local Authority Homes can be of different types, as follows:

- (1) Purpose built Homes (such as Netherha', Buckle, and Larchfield, Maidenhead).
- (2) Conversions (usually large houses, but in Gosport one "converted Home" was a hotel).
- (3) Ex-Public Assistance Institutions (P.A.I.s).
- (4) Joint-user establishments, i.e. hospitals with welfare wards.

Converted Homes have some disadvantages over purpose-built Homes, as in many of them ground floor accommodation is limited, and this limits the number of people who have difficulty getting about who can be accommodated.

In all areas where there are different types of Homes, there is some selection, not always on the grounds of need, as to the type of Home to which a person is allocated. We found many more mentally confused patients in Ex-P.A.I.s and joint-user establishments. There well may be some good reason for this, in that larger establishments are more likely to have trained nursing staff better able to cope with what may be more difficult cases. But those considered to be socially disturbed, or "trouble makers" are generally allocated to these larger establishments, which lack much of the more personal identity to be found in some of the more modern, purpose-built Homes.

There is little need to elaborate on the physical disadvantages of Ex-P.A.I.s and joint-user establishments. However much the Authorities try to improve the facilities, there still remain the basic difficulties. There is one other drawback to joint-user establishments, which is that there is no joint accommodation for husbands and wives. There are a few married couples in Residential Homes, but perhaps one of the saddest cases we came across was of a man who was taken into care and placed in a men's welfare ward in a hospital because his housing conditions were so bad that the doctor said he could no longer be allowed

to live at home. His wife then gave up her home to be near him, and was allocated a place in a women's ward. There is, however, not enough said about the number of very excellent smaller Homes that exist. In Banffshire, for example, Netherha' Home, built in 1956, is a delightful Home; the front faces open fields, while the gardens at the back are contiguous with those of a housing estate, and there is a gate leading to the estate. Residents in the grounds can, and do, chat with the younger families working or playing in the gardens, and can look out of the windows and see plenty of activity. Most of the accommodation is in single rooms, each bedroom being fitted with a wash basin. Each resident has his or her own bedside locker, which can be locked, and the wallpaper, curtains and bedspreads vary from room to room. There are three communal sitting rooms; a smoking room with T.V. for men only, a quiet writing and reading room, and a general sitting room with T.V.

In many of the smaller Homes attempts are made to enable the residents to feel more at home by laying on facilities for them such as utility rooms, where they can make themselves, or their guests, a cup of tea, whenever they feel like it, and alcoves with small coffee tables and armchairs where visitors can be entertained. This provides more privacy than seeing visitors in the sitting room or in their bedrooms. In some areas, such as Sheffield, women who want to help "about the house" are encouraged to help wash-up or make beds, prepare vegetables or serve teas.

We found, too, that those who enter a Home direct from hospital were more likely to be sent to an ex-P.A.I. This may be because of the "barter system" which operates in many areas, where residents are admitted to hospital only if the Welfare Authorities agree to take one of the hospital patients in exchange, and vice versa, which may be a very convenient administrative policy, but hardly a solution based on the welfare of the patients.

This question of "selection" is most apparent when considering the types of residents who are admitted to Voluntary Homes. These Homes are more selective as to whom they will admit, and the Welfare Authorities cannot insist that the Voluntary Homes take their nominees into residence.

There are many Local Authority Homes of a very high standard, but there is some evidence that some selection of residents on a social class basis is made, with the more deprived people getting the worst accommodation.

6.0 DISTANCE AWAY FROM OLD HOME (Table 29)

In Preston, Kidderminster and Dundee, over half the residents thought it would take not more than 15 minutes to revisit their old homes by the means most easily available to them, or for their old neighbours to visit them. In other areas the proportion was nearer one-third, it being lowest in Sheffield, where less than a quarter were allocated to Homes 15 minutes or less away, but this may be due to the "radial" transport system, rather than distance.

Coatbridge and Salisbury have a very small proportion whom it would take more than half-an-hour to visit or be visited, but in Sheffield and Gosport it would take this long for almost half the residents.

However, only 8-9% of residents who lived over 15 minutes away found the distance away from their former homes a drawback, mostly because they missed visiting and being visited by friends and relatives. In Coatbridge and Holyhead

all the residents said they were quite happy about the distance, and in Oakham all four complaints on this score came from people who had previously been living in the Rural District.

6.1 THE NUMBERS OF PEOPLE IN RESIDENTIAL ACCOMMODATION

The proportion of the retirement population in Local Authority Residential Homes, (including people in Voluntary Homes who were a charge to the County or County Borough) varied from 7 per 1,000 in Worthing to 20 per 1,000 in Preston.

6.2 WHO ARE THE RESIDENTS?

In the main, people admitted to Homes are women, single or widowed, and aged 75 or over (Table 30). In most areas at least one in every five residents is admitted when at least 85 years old, and in Maidenhead, Salishury and Worthing, 7-11% of admissions are of people aged 90 or over (Table 31).

In Preston and Coathridge, however, the age pattern at admission, and the sex-ratio, are somewhat different, both admitting nearly one-third of residents in the age group 70-74 and a much higher proportion of men. There are special reasons for this. In Coathridge a big lodging-house for men run by the Local Authority, was closed, or about to close, and those men who could not find "digs" were advised to transfer to Part III accommodation. In Preston, where a very high proportion of men were in "digs", there was ample room for men in the men's wards of an ex-P.A.I., and in this County Borough one of the criteria for admission to a Home is loneliness. If someone is fit and active, but elderly and not wanting to live on his own, he can be allocated a residential place.

A high proportion of residents had been living alone or in hotels, boarding houses or lodging houses, (Table 32) but a much lower proportion were living with marriage-partners. Sometimes the death of the spouse precipitates the move of a remaining partner into a Home, where the deceased was the more active of the couple and cared for the other, or where they managed by sharing, but one could not manage alone.

6.3 REASONS FOR ENTERING HOME

We would expect people now in residential accommodation to have had more difficulty getting about and taking care of themselves. In all areas except Coathridge a very much higher proportion of residents than of the general population had had difficulty, (Table 33).

The majority of residents say they wanted to go into a Home, the proportions varying by area, from 79% in Gosport to 56% in Preston, (Table 34). The reason for this high proportion in Gosport and Worthing is that many of the residents go into Voluntary Homes, while in Preston many of the men transferring from lodgings didn't want to go into a Home, but had no alternative.

As one would expect, the most usual reason for going into a Home, whether the resident wanted to go or not, was because the person was not really able to look after herself at home. Quite often this stage is reached immediately after a spell of illness, treated either at home or in hospital. Doctors in hospital often recommend a residential place before discharge where an elderly person lives on his or her own, particularly when housing conditions are bad. A number of the elderly go into residential accommodation because their doctors recommend

it as they might fall when on their own, or because they are advised against being on their own at nights.

Associated with those needing care and attention is the group that don't want to be a burden on their children. Here again, the residents cannot manage for themselves, and are either living with or dependent on help from children, but feel it is becoming too much for them, sometimes because the children have their own families to look after, or, in a few cases, because it prevents the daughter from going out to work. Sometimes a doctor will suggest to the old person that a Home would be a good solution as the daughter herself is not well enough to cope with both her own children and her parent, but more usually it is the old person herself who initiates the approach to a Home.

The suggestion also usually comes from the residents themselves where they quarrel with the relatives with whom they are living.

Some 7% of residents go into a Home more because of the desire for company than because they cannot manage without residential care, and a very few (about 2%) get into financial difficulties. Those who find they cannot manage financially tend to be men who cannot cook for themselves, and have to eat out, or, as in Worthing, women living in hotels and boarding houses, who, when their capital runs out are given notice to quit, and have nowhere else to go.

A high proportion of residents have to go into a Home because they have nowhere to live. We have already mentioned the special problem of Coatbridge, with the closure of the men's lodging house. Others in this category are people who have to go into hospital, and during this period their tenancies lapse, or their "digs" are relet. Another group live with children whose own families are growing up and need their rooms, or who are in lodgings which they have to leave for one reason or another, and who find it difficult to get new lodgings, or who just cannot face the trial of trudging round trying to find somewhere else to live. There are, too, the "tied" tenants who find themselves homeless on retirement, as well as in a worsened financial position. It can be estimated that at least one in five residents need not have been given residential care if adequate housing could have been made available.

The estimate is probably a minimum one, as it is noticeable that in many cases where the hospital or doctor advises residential care, the housing conditions are sub-standard. Hospitals are reluctant to discharge patients who come in with, say bronchitis, to return to a damp house with an outside w.c., or a patient who has had a heart attack or a fall to a couple of rooms at the top of a house, with a coal-bunker and w.c. in the back yard. It is not unreasonable to assume that if adequate sheltered housing were to be made available with supportive domiciliary services, some at least, could avoid having to become residents.

Another indication that housing is a main factor affecting the use of residential accommodation is that a much higher proportion of elderly who were living as boarders, or in rooms or lodgings, became residents than would have been expected from the numbers of elderly living in these conditions, (Table 35). On the other hand, a much lower proportion of Local Authority tenants (most of whom are reasonably housed) have to be allocated residential places.

In most areas (Coatbridge and Holyhead were exceptions) a much higher proportion of residents had an outside w.c., no bathroom, or no kitchen of their own, or had no mains supply of gas and electricity, than other elderly people in the area.

6.4 WHAT DID RESIDENTS KNOW OF THE HOME BEFORE THEY WENT IN? (Table 36)

In comparatively few cases did residents feel that they were going into a Home for a trial period, so that if they didn't like the Home, they could return to their own homes. We know, of course, that in a number of cases such a trial period would have been hypothetical, as it was because they had no homes, or the homes were unsuitable, that they became residents in the first instance.

In Worthing, due to the fact that Voluntary Homes usually insist on a trial period as much to ensure that the resident fits into the Home life as to enable the resident to see whether she finds it suitable, almost a third of residents felt that if they didn't like the Home they could leave it. A similar proportion (one-third) in Preston and Kidderminster, and slightly less in Sheffield, said they entered for a trial period. However, only two of the 48 Maidenhead residents thought they were going in for a trial period. More of the residents who thought it was for a trial period said they were willing to go into a Home.

Knowing that people are giving up their own home, and going to spend the rest of their lives in a new environment, one might have expected that they would at least be taken to see where they are going, and be shown over the Home. It is true, where the main Home is an ex-P.A.L., that most people know where it is and have seen the often grim and repellent exterior. What they don't know is the efforts that have been made to make the interior more "homely". Certainly where the Home is one of the smaller type, either converted or purpose-built, a visit might do much to allay fears, and even the ex-P.A.L.s might seem less formidable. One would not expect a person to take a new house without seeing it—why should one expect old people to go to a new way of life without seeing first where they will be going?

In Coatbridge 28% of residents went to see over the Home before they went in, in Preston and Worthing the proportions being 24% and 21% respectively, but it must be remembered that in Worthing many of these were shown over Voluntary Homes. Apart from these areas*, and Kidderminster (10%), less than one in every ten residents saw over the Home in which they expected to spend the rest of their lives.

Some attempts have been made to tell would-be residents what to expect. The West Sussex Welfare Authority gives everyone a little booklet, well designed and easy to read, where the emphasis is on the rights of the resident. It stresses in the introduction that it is not a book of rules, and sets out to answer some of the questions which might worry residents, such as "May I wear my own clothes and how will they be washed?", "Where shall I keep my valuables", "Can I go out, or away for a holiday, or to church", etc.

In other areas residents said that all they were told about the Home they were going to was a general reassurance that they would like it, or that it was a nice Home. In some areas they were told "the rules".

In Coatbridge, Preston, Worthing and Buckie, over 40% of the residents we talked to (that is, excluding those who were too mentally confused to remember and to whom pre-knowledge of what to expect might be of lesser value) had either seen over, or been told something about the Home to which they were to go. In other areas the proportions were considerably lower.

* Gosport has been excluded in this comparison as the relevant data were not collected here.

The numbers on which our proportions are based are small, and there is no clear evidence that being shown over the Home, or told about it, made the informant more willing to enter a Home. There is no evidence either that knowing what to expect leads to more contentment with having to live in the Home they are in (Table 37).

6.5 WHETHER RESIDENTS LIKE THE HOME THEY ARE IN

It was not part of the purpose of this survey to inquire into conditions in the homes we visited, or, in detail, the attitudes, likes and dislikes of residents. However, some measure of the satisfaction of residents had to be considered when estimating the number of places needed in residential accommodation.

A high proportion of the residents liked living in the Home they were in. In Gosport it was as high as 90%, and in Sheffield, Worthing and Maidenhead some three-quarters of the residents said they liked living in the Home. In the other areas, including all three Scottish, the proportion was about two-thirds, except in Salisbury, where it dropped to a half. The very high proportions in Gosport and Worthing were due to the large number of people we interviewed being in Voluntary Homes, and in some areas there were indications that more people in the ex-P.A.I.s were discontented. Salisbury has the highest proportion of residents in ex-P.A.I.s (90%).

Those who liked the Homes ranged in their expression of satisfaction from absolute enthusiasm, through approval, to acceptance. A woman in Gosport, for example, described the Home as "a little bit of Paradise"; in Sheffield a man elaborated "it would take a stick of dynamite to shift me"; many of the other residents in all areas added remarks to the effect that they couldn't be happier, some saying if they had known what it was going to be like they would have applied earlier.

In addition to those who were quite satisfied with their places, a further proportion said they liked the Home, with some qualification. Qualifications most mentioned were food not being good enough, and lack of privacy. Then followed dislike of, or criticism of fellow residents; a gentleman who was a Tory found himself in a nest of Socialists, and a woman who was Chapel grieved that the rest were Church (both these latter, however, admitting there were nevertheless *some* residents who were quite all right).

In some areas (Salisbury, Oakham and Dundee) a sizeable proportion (14-18%) said they had no choice *but* to like it, but when pressed would or could give no specific criticism.

Twelve per cent of residents were unhappy living in their Home. Some of these did not like their fellow-residents. A 63 year old said she didn't like old people, and had to share a room with another woman who was "on the commode all night", while a 74-year old shared a room with two others, one of whom she said was confused, while the other was "unpleasant". A few complained of the distance from their friends and only three of over 500 residents interviewed complained about the staff. Indeed, many residents spontaneously remarked on the kindness and attention paid to them by the staff, particularly matrons. One or two described themselves as "rebels" who wanted more freedom.

There is little doubt that most residents are quite content to be living in a Home, and if the Authorities were able to place some few residents nearer home, or arrange for transfers where a resident did not settle, rather more residents would be happier.

There will, of course, always be *some* people who would be unhappy in a Home—as there are some people who are unhappy in their own homes. It might be of some interest to compare the proportions of people who dislike the Home they are in with the proportion of those of retirement age living in their own homes who are dissatisfied or discontented with the way they are living.

Table 38 shows that while 11% of residents of the eight areas in England and Wales did not like their Homes, 7% of people in their own private homes were discontented with the way they were living. In the three Scottish areas, slightly more people living in their own homes were discontented compared with the English areas, Holyhead, and with Scottish residents, but this is largely due to the very high proportion of elderly in Dundee who were not satisfied with their way of living at home.

There is not very much difference overall in the proportions who are actively discontented in their own homes compared with residents, particularly when one remembers that many of the residents who are actively discontented should not really have been admitted to a Home as needing care and attention.

What the original data *does* show, however, is that people in their own homes are more likely to put up with inconveniences, etc., so that fewer qualify their satisfaction, resulting in a higher proportion of those living in their own homes being satisfied with the way they are living compared with people in Homes.

However, the gloomy picture of old people's Homes being inhabited by masses of unhappy, discontented residents is not supported by any evidence from this inquiry.

6.6 NEED FOR RESIDENTIAL PLACES

It seemed that a fruitful source on which to base an estimate of the need for residential places would be the waiting list. We were not allowed access to the waiting list of Worthing residents; the Welfare Officer did offer to contact those on the list to see if they would mind granting an interview, but this method of approach had been found unsatisfactory on other occasions, as we would not then know anything about those who refused or who did not reply. For example, they might have been no longer interested, or too ill or handicapped by bad eyesight or some other disability to answer the letter.

In Salisbury, due to some misunderstanding, we were under the impression there was no waiting list, and it was only due to the remonstrances of the Medical Officer of Health of that City that we belatedly sought to interview those who were on the waiting list.

However, all that our interviewing revealed on this aspect was that in most areas the waiting list was considerably out of date. The exceptions to this were Holyhead (with only one person on the list who *did* need a place), Coatbridge (two people) and Oakham (two people).

There are some points about the waiting lists that are worth noting. The first is that in some areas people on the waiting list have had their names down for three or four years. Surely if an applicant has been on the waiting list for all this length of time, and has survived, either she didn't need a place then, or has been neglected for years. Some of the people on the list had died—in one area, of 29 names given us three were dead, one having died over a year before. Many of the others were in hospital or private nursing homes or had moved away. A few were already in Homes.

There were other cases which had a more satisfactory outcome, leading to a change of circumstances which obviated the need for residential accommodation. Some examples are given below:

- (a) A widow aged 62, has arthritis and a blood disorder. She applied on her doctor's suggestion when her health was so bad that she couldn't look after herself. Then a younger friend came to live with her, and he helps her a great deal. They are in the process of buying a house together. She has difficulty in getting about, dressing, washing, etc., but is helped by her friend. Her home help was discontinued when her friend came to live with her, and she would like a home help.
- (a) Widow of 83, now living with daughter, son-in-law and granddaughter in a large house with all amenities. She applied when she lived with another child, and had trouble with her grandson; she has now moved to another daughter and is quite happy. Her daughter says she is no trouble, and is quite prepared to look after her.
- (c) An active man of 80, on the waiting list for three months, has now changed his address, and is living as sole boarder in a house with all amenities. His landlady says he is no trouble.
- (d) Woman of 78 on the waiting list for three years, is housebound and can only get about the house with a stick and can't manage stairs. She applied when she lived alone, but now lives with her niece (aged 24), her husband and child, and also a friend aged 62. The niece is quite happy to look after them all and says she doesn't need any help, except a chiropodist for her aunt.

Many of the people on the waiting list are there because they have applied for rehousing, particularly in areas where there is a long waiting list. Some of them are not even aware that they are on the Residential Homes waiting list, associating visits from welfare personnel with rehousing.

Full details of the cases on the waiting list are given in the area reports, but it is quite clear they give little indication of the number of places needed.

6.7 ESTIMATING THE NEED

There are two points to consider. The first is, are the present residents best served by living in a Home, or should they be living in a domestic household; the second is, are there any elderly people who are living in such circumstances that they would be better off in residential accommodation.

Let us first consider those now in Residential Homes. Since the need for places is measured against the Authority's criteria, there would seem to be no reason to question whether all those people in Residential Homes ought to have been there in the first place. From looking at the schedules, however, it was quite clear that of those entering a Home, a number of quite active people had been given places in Residential Homes simply because they had no other place to go.

However, whatever the need was when the present residents went into a Home, the important aspect for this survey is whether remaining in the Home is in their best interests.

While a few residents have improved physically since being in a Home, most of those handicapped when they went in are, by the nature of things, less well

able to get about and care for themselves. It has been argued that even those who show improvement due to the care and attention they have been getting in a Home would soon deteriorate if they had to fend for themselves.

However, we have seen that some residents wanted to enter a Home because they were lonely, or had nowhere else to go, i.e. inability to get around and look after themselves was not the main reason for their becoming residents. Provided, therefore, that present residents have settled down in the Home, and enjoy living there (as most of them do), it is questionable whether it would be in their best interests to suggest they now be helped to set up home on their own. In some areas there is the added complication that a considerable proportion of people who appear to be physically capable of managing on their own had been living in hotels or boarding houses and had not had the responsibility of house-keeping for some years. Could they be expected to manage on their own?

Perhaps the best measure of whether residents are in the best place for themselves is given by considering only those who do not want to remain in a Home, to see whether they appear capable of setting up homes for themselves.

Of the 66 residents in all areas (see Table 39) who said they wanted to leave the Home and set up house for themselves, it would seem that only 25 could manage, even if suitable housing and adequate domiciliary help could be provided, and two more might possibly manage. Full details are given in the area reports.

In estimating the number of present residents who could now be expected to live in a home of their own, little account was paid to the reason for their going in in the first place. In other words, many of those now resident could well have looked after themselves if adequate housing and domiciliary services could have been made available at the time of admission. However, most of these people have now settled down quite happily in Homes, and do not want to leave. Others have deteriorated somewhat in ability, and while they might, had they gone from an inadequate house to a more convenient one, still have been able to carry on, it would now mean a second major upheaval, and the strain of having to resettle once again in a new environment might prove too much for them.

The method of estimating the need for extra places varied somewhat from area to area, depending on whether the waiting list was sufficiently large to be used as a basis, and any other data we had on the type of people admitted.

Two basic ways of measuring need were used:

- (1) Examining the condition and circumstances of those on the waiting list, and adjusting the number by subtracting those who, through change of circumstances, etc., now no longer need residential places, as well as those whose need is for rehousing rather than care and attention. This we called the "adjusted known need". To this we added a number proportionate to the number of "emergency" admissions—using the factors applying in the particular areas.
- (2) Where the waiting list was very small, examining the conditions of those who were not satisfied with the way they were living at home, and had considered going into a Home, estimating the need from this group.

A list of the different methods adopted, and two examples of the way in which need was estimated are detailed below—variations are shown in the area reports.

Sheffield, Preston, Maidenhead, Kidderminster

All on the waiting list were interviewed and a proportion added for those not on it who might need places (by taking percentage of those now resident who were not on the waiting list immediately before entering a Home).

Worthing

No waiting list available. Examined those who had ever considered going into a Home and all women aged 70 or over who had difficulty going out of doors (two-thirds of those in Homes being in this category).

Oakham

Only five on the waiting list—those who qualified were included and the schedules of those who had ever considered going into a Home were examined.

Holyhead

Only one person was on the waiting list and was interviewed. Three people who had thought about entering a Home and the people dissatisfied with the way they were living, were considered.

Salisbury

We examined the schedules of all women aged 75 and over, and of all those who had ever considered entering a Home.

We later also examined the waiting list, but this did not alter the main estimate.

Coatbridge

Only two people were on the waiting list, both of whom were interviewed. The remaining men in Lamont House (lodging house which was closing) and those who had ever considered going into Home and any dissatisfied with the way they were living were also considered.

Bockie

We examined the schedules of all on the waiting list, plus those who had ever considered becoming resident.

Dundee

The sample of the waiting list was badly out of date, so those who had ever considered going into a Home were examined.

Example A—estimating need in Sheffield

We know that of those already resident, some had never been on a waiting list, because circumstances can change so rapidly with the death of a partner, or

closing of a lodging house, etc., that there is an immediate need. There are, therefore, likely to be others not on the waiting list who need residential accommodation.

In this area there appears to be no one group of people who are clearly more likely to need residential places, by Local Authority criteria, except that residents are less likely to be married than either single or widowed. It must also be remembered that going into a Residential Home is usually a voluntary action, in that while it is possible for an Authority to get an order of removal, these powers are rarely invoked.

Filling residential places therefore depends on:

- (i) people asking for places themselves, found to be needing them, and then agreeing to go;
- (ii) the Authorities finding people in need, and persuading them to go.

It is much easier to persuade people already in hospital "permanently" or who have no home to return to, to go into a Home than it would be if they were living in their own homes. Indeed, as some of the residents told us, they didn't want to go, but had no alternative.

If, therefore, we accept that the 280 people on the waiting list whom we found to need places could be persuaded to take them, and add a proportion of places for those *not* on the waiting list who might need places immediately, this figure would give a measure of the current need.

We know that 19 of the 56 residents we interviewed were admitted immediately, i.e. without being on a waiting list. Of these, 13 had been hospital patients who were probably on the list, but not aware of it. [This proportion (13 out of 56) is very similar to the proportion of those on the waiting list who are in hospital (seven out of 28), which supports this assumption.]

It follows that six out of the 56 elderly residents were unknown to the Social Care Department until immediately before they needed a place; if we take this proportion as indicating the need which might arise suddenly, we can calculate that there are 30 old people unknown to the Authorities who are in need of residential places. This means that a total of 310 extra places would be needed to accommodate immediately all those in need who are likely to approach the Social Care Department or to be brought to their notice by other Health or Welfare Authorities.

Example B—estimating need in Salisbury

Let us then see if we can indicate the groups at risk as far as Residential Homes are concerned. Firstly, while 29% of those of retirement age in Salisbury are men, only 10% of residents admitted at or after retirement age are men. We have seen that there are a fair number of men of pre-retirement age admitted, so that it would appear that this disproportionate number of places held by women is not because men have difficulty in obtaining places in a Home. It would appear that women make a greater demand on residential places. Secondly, let us compare the proportions of old people in different age groups who were admitted with those of the general population. Those admitted before retirement age have been omitted, to make the comparison.

TABLE A
Ages of residents (at admission) compared with general population
of elderly people

Age group	Residents at admission			All people of retirement age		
	Men	Women	Both	Men	Women	Both
60-64	No.	%	%	%	%	%
65-69	—	3	4	—	25	18
70-74	(2)	3	5	44	24	30
75-79	(2)	7	10	24	17	19
80-84	—	28	24	17	18	18
85 and over	(2)	28	27	12	12	12
	(2)	31	30	3	4	3

It is clear that both men and women are at great risk at 80 or over, and at risk at 75-79.

We know, too, that only a very small number of married couples or partners are residents.

Among the general elderly population of this City, 30% of those 65 and over are women aged 75 and over. Among the residents, 72% are women in this age range. Since there would appear to be no shortage of places for men, it would seem that women aged 75 and over are likely to make the biggest demand for places in Residential Homes. If we could, therefore, see whether there are any women in this age-range who need residential places at the moment, we could assume this would be 70% of the extra demand for residential places.

Compared with non-residents of retirement age, more of the residents have difficulty getting about and looking after themselves. There are also more of them having health and welfare aid, i.e. District Nurse, Health Visitor, home helps etc. It might be of some interest to note, however, that very similar proportions of these more elderly women are satisfied with the way they are living as are the younger women, although a slightly higher proportion of older women have thought about going into a Home than the younger ones.

There were 12 women aged 75 and over living on their own who were housebound, (two temporarily). Their living conditions and ability to look after themselves, etc. were examined, and are given in full detail in the area report. Three of them appeared to qualify for a residential place, and assuming this represents 70% of the need, there would possibly be one more case in the sample.

An examination of the schedules of women in this age group who were not housebound, or were living with others, showed that they could either manage to look after themselves, or had satisfactory arrangements for being looked after.

We also examined the schedules of the 14 persons in the sample who said they had at any time considered entering a Home. One of these was a woman of 90 who said that her doctor wanted her to go into a Home, but that it would kill her to think of leaving her present home. She did however need a great deal of care and attention and was included among the three people considered to need a place in a Home.

Of the other 13, only seven still thought they might need a place. Six had no need of a place now, as their conditions, such as housing, health or help available, had improved and they were managing quite adequately. Of those who were

still considering entering a Home, two had made arrangements to enter Private Homes when it became necessary, three were thinking of a possible future need but at present were managing well, and one woman of 62 living alone was suffering from a serious heart condition which meant that she could no longer manage the heavy jobs, but she expected to be rehoused in a bungalow in the near future because her house was due to be demolished. The last case was a woman of 78 living in the same house as her daughter and family. Her daughter helped her with the shopping and housework and she was happy, although a little worried that she was occupying rooms needed by the family. She did not need a residential place.

Thus we found four persons in the sample who needed the care available in a Residential Home, which would represent 50 persons in the whole of Salisbury.

6.8 EXTRA PLACES NEEDED

The number of places occupied by people of retirement age in each of the areas, together with the need for extra places, is shown in Table 40. In seven of the 11 areas no extra places, or very few, would need to be provided on the basis of our estimate. In Salisbury an increase of two-thirds would be needed, while in Worthing, Dundee and Buckie there is a need for more than twice the number of places provided.

It is stressed that these data are given on the basis of our estimate of need. It must be borne in mind that while we have included in the present need those who went into a Home because of inadequate housing and now do not want to leave the Home, even though they could manage if adequate housing and supportive services were provided, in estimating additional need those who would be best served by rehousing have been omitted.

In most areas, therefore, unless there is a great improvement in the provision of adequate housing for elderly people, the Welfare Departments will be forced to continue to provide accommodation for those who should properly be the responsibility of the Housing Departments.

There is one further point that needs to be made about the estimates. We have seen how much more willing elderly people are to go into Voluntary Homes, and that they are less willing to go into ex-P.A.I.s. In Sheffield a start has been made to replace Fir Vale; the first scheme providing 40 places was expected to be ready for occupation in May 1967, and a second was under construction in 1966. Ministry approval had been obtained for a further three Homes for the following three years to complete evacuation, and negotiations were in progress to acquire another site for a further Home.

In Oakham, too, plans are made to replace Lonsdale House by two smaller Homes, and in Maidenhead and Coatbridge plans are in hand for transferring residents from ex-P.A.I.s and joint-user establishments to smaller, purpose-built Residential Homes.

We have no information on the future planning for Wiltshire, but it must be remembered that the majority of Salisbury residents are in an ex-P.A.I.

Although, therefore, we show that Oakham and Coatbridge have enough accommodation (provided they are not called upon to take in housing cases), it may be that more people would be willing to enter these more attractive Homes, and a demand which doesn't exist at the moment might well be created.

6.9 SHORT-TERM STAYS

Most areas have some facilities for taking elderly people into a Home for two or three weeks, to enable the relatives to go on holiday. The difficulty, of course, is to fit in the weeks when the family want relief with a vacancy, as these requests come from families mainly in June, July and August, although in Sheffield, where 70 short-stay admissions were made in 1965, the period extends from May–September.

In Maidenhead, if a place becomes vacant in the Spring, it is kept during the Summer months for short-term stays.

In Worcestershire (covering the Kidderminster area) approximately one-fifth of the total admissions are for short-term stays and in 1964, 79 such stays were accepted, the Welfare Officer saying they have never yet turned down an application, even if it means using staff accommodation.

In Kidderminster, too, prospective residents are encouraged to go into a Home for a trial period, and the Social Welfare Officers always tell the old people not to give up their home or tenancy until they are sure they wish to remain in residential accommodation. This is borne out by our data, where one in every three residents say they went in for a trial period.

In other areas, too, Welfare Authorities say they encourage residents to enter for a trial period, and we have already discussed this. But it is clear that either the Authorities are paying lip service to the idea that trial periods be observed, or that there is some breakdown of communication and the resident is not aware of the procedure, or that most of those taken in for a trial period do not take up the offer of a permanent place. The last hypothesis is unlikely to be true.

6.10 INADEQUACY OF THE ESTIMATES

It has already been stressed that the present estimate of need is based on:

- (1) Accepting that if the present residents want to stay in the Home, even if they *could* manage on their own, they constitute a need for a place.
and
- (2) Elderly living in their own homes qualifying for a place either because they need care and attention, or, in some areas, are lonely and want to live in a Home where this latter is a criterion of the particular Authority, *but* assumes that adequate housing and domiciliary services will be provided for many of those elderly who have been and are still being given residential accommodation as they have no homes.

There is said to be one other group of people who might qualify for residential places, that is, some elderly who are at present in hospital, but ought to be in a Home.

6.11 ELDERLY IN HOSPITAL

An attempt was made to try to get an estimate of the number of elderly in hospital who did not need hospital services, being able to get around and wash and dress themselves, etc. sufficiently well to enable them to be given a residential place.

This attempt was abandoned, as it was difficult to get lists of patients who were considered by the hospital medical staff to be fit enough for residential places,

and for Welfare Officers to accept that they were fit enough. Certainly, when we were allowed access to some such patients, it was quite possible to find, say, an elderly lady confined to her bed, obviously not fit enough to get up, and be told "this is just one of her bad days" or even that the would-be resident had died in the week that elapsed between our drawing the sample and interviewing.

We were able to get some estimate in Maidenhead, from lists supplied by the Physician in Charge of Geriatrics at St. Mark's Hospital, but as this was the only success in the four areas we tried, we abandoned the exercise as unreliable.

It would seem that two aspects were being confused, the first is whether elderly people ought to be occupying hospital beds, and the second is whether they ought to be in Part III accommodation. While it may be true that there are a number of people who do not need, or would not benefit from medical care, who are occupying hospital beds, this does not mean that they can be taken care of in Residential Homes, which are not designed to deal with patients who need a great deal of nursing care. The Homes manage to cope with their own residents who need temporary nursing care, or are temporarily bedfast, but normally would not accept patients who are not able to get about and wash and dress themselves.

There appears, therefore, to be a gap in the Health and Welfare Services, in that some elderly are too infirm to be admitted to a Welfare Home, yet do not qualify for admission to a hospital as they do not need hospital medical services.

What appears to be needed, to relieve both Welfare Homes, hospitals, and to help the very frail elderly, are establishments more on the lines of nursing homes.

6.12 STAFF OF WELFARE DEPARTMENTS

There are some aspects of this section of the report which are critical of the work of the Welfare Department, particularly in discussing the out-of-date waiting lists for Welfare Homes, and in preparing elderly for their change of residence. I should like to make it clear that in all the areas we visited the staff appeared to have case-loads far in excess of what they could reasonably be expected to deal with. In one area at least, the pamphlet listing the services available for the elderly gives several telephone numbers for the Area Welfare Officer, some being the numbers of the various offices and the dates and time of his attendance there, but one being his own home telephone number for use when the offices are shut. It was very rare indeed for us to get through our interviews with welfare officials without a number of interruptions and breaks when the officer had to go out to deal with urgent cases. We could only marvel that they managed to do so much.

VII OTHER HEALTH AND WELFARE SERVICES

7.0 MEALS-ON-WHEELS

In all areas except Coathridge there is a meals-on-wheels service operating. In Coathridge where an old person is unable to cook a meal each day, a home help is sent in to provide it, as there is no shortage of home helps there.

This study was not designed in such a way as to allow us to get any reliable estimate of the number of meals-on-wheels necessary, or to reveal the numbers of people needing meals-on wheels, but in considering the home help section, where an elderly person's only difficulty was in cooking, we counted this as a need for meals-on-wheels rather than for a home help.

In the nine areas in England and Wales, the proportions of people aged 65 and over getting meals-on-wheels ranged from 0.5% in Salisbury to 1.9% in Gosport, while in the remaining two areas of Scotland the proportions were 0.2% and 0.4%*, the average for the England and Wales areas being 1.2%, with Scotland much lower, not merely because Coathridge had no meals-on-wheels service, but also because the percentages in Dundee and Buckie were considerably lower.

While we cannot estimate the full need for the meals-on-wheels service, it may be of some interest to consider the number of elderly people (65 and over) who are responsible for most of their own cooking, but who say they cannot get at least one cooked meal a day without difficulty. Some of these people might be getting some meals from the service (in most areas two meals a week is the most usual number, although in Maidenhead and Worthing most recipients have three meals a week), but even then they still have difficulty getting a cooked meal every day. It will be seen that this service would need to be at least doubled in all areas (except Gosport), and increased considerably more than this in most areas if all these people were to accept meals-on-wheels (Table 41).

Some G.P.s in all areas, while welcoming the meals-on-wheels service as being of considerable benefit to their patients, think that more meals per week should be served to each patient, and several G.P.s criticised the poor quality and lack of variety of the food served. An appreciable number said they had patients who would benefit from the service, and it is difficult to understand why they haven't nominated them as most meals-on-wheels organisers say they have never turned down a request from a doctor to supply meals.

It may be that, as in Coathridge, this can be coped with by expanding the home help service. We have already seen (Table 13) that home helps help to get cooked meals for between 7%-16% (except Gosport with 24%) of their clients in England and Wales and about a third of their clients in Dundee and Coathridge. It could, then, be that a further expansion of the meals service might mean that home helps could be allocated for a slightly shorter time, or do other household jobs which they don't now have time to do.

* The figure for Great Britain, mid 1963, was 1.13% of persons aged 65 or over; (The Aged in the Welfare State—Townsend and Wedderburn). Table 45 compares the Townsend/Wedderburn results of domiciliary services with the results of this inquiry.

7.1 CHIROPODY (Table 42)

In most areas, 20-30% of people of retirement age have their feet attended to by a chiropodist, either privately or through the Health and Welfare Services. Holyhead has the lowest proportion (15%) and Worthing the highest (30%). The three Scottish areas have high proportions, too, this being mainly due to the very high proportion who get L.A. services. Some 14% of the elderly in the three Scottish areas have Local Authority chiropody, this being very much higher than in England (5%) and Holyhead (8%). The highest proportion in England is in Preston, and the lowest is in Worthing, but a much larger proportion in Worthing have private treatment.

In seven of the 11 areas (the data were not collected in Gosport) most of the patients had a treatment every two months. In Salisbury, most patients had a monthly treatment, while in the remaining areas most people went up to three months between treatments. In general, where people paid privately for chiropody, they went more frequently, but in Maidenhead, Kidderminster and Buckie those receiving Local Authority chiropody did so more frequently than those paying privately.

Asked whether they had trouble with their feet between treatments and would like to go more often, very few of those whose feet were done once a month complained of having trouble. The longer the between-treatment time, the greater the proportion complaining, and it would appear that (unless the chiropodist finds it unnecessary because of the condition of the feet, not because of lack of facilities) most elderly people ought not to have to wait for longer than two months between treatments.

7.2 DISTRICT NURSING

The proportions of people of retirement age being treated by District Nurses varied from 1.2% in Sheffield and Kidderminster to 4% in Preston. The average in the three Scottish areas is higher than that in the nine areas in England and Wales. Since the adequacy of the service is a matter for the medical practitioners, a sample of G.P.s in each area was asked to comment on the service.

There was nothing but praise for the District Nurses themselves, and whilst only the G.P.s in Buckie were unanimous in saying the service was adequate, in Sheffield, Preston, Dundee, Coathridge, Holyhead and Oakham there were only one or two G.P.s who were dissatisfied with the size of this service. In Worthing Salisbury and Maidenhead, however, half the G.P.s interviewed thought the service was inadequate as far as elderly people were concerned, while in Kidderminster 12 out of 16 held this opinion.

In Holyhead and Dundee, none of the G.P.s had had any difficulty in the past year in getting a District Nurse to attend elderly people during acute or chronic illnesses, while in Preston there had been, according to five doctors, difficulty with chronic but not acute cases, and in Buckie one G.P. had had difficulty with acute but not chronic. In all other areas G.P.s reported difficulty with both acute and chronic, the highest complaint being from Worthing and Kidderminster G.P.s where 12 out of 15 in Worthing and 12 out of 16 in Kidderminster reported having had difficulty in getting home nursing for elderly chronic cases.

7.3 HEALTH VISITORS

Varying proportions of people of retirement age claim to be visited by the Health Visitor, but these data are not reliable, particularly for Gosport. While

most people know and recognise the District Nurse, both from her uniform and the treatment she gives, it is much more difficult for elderly people to recognise the role of the Health Visitor. We realised this when we had completed the Gosport pilot, and for the main survey, instructions were given to interviewers, where an old person gave the name of a visitor or said "Somebody called, but I don't know who" or some such answer, to find out what occurred at the visit, and report to the Field Supervisor, who would then try to establish the status of the visitor. However, these data should be considered very cautiously, and are only given as a possible guide.

On the whole, more G.P.s were critical of the scope of this service than of the District Nursing Service, particularly in Sheffield and Dundee. In some areas Health Visitors are attached to G.P. practices, and just over half the G.P.s thought this attachment was, or would be, beneficial to their elderly patients. The proportions in the areas varied. It was lowest in Worthing, where only three of the 15 G.P.s interviewed thought it would be better, and highest in Kidderminster, where all the G.P.s approved of attachment. Areas where at least half the G.P.s interviewed thought attachment was a good idea were Sheffield, Preston, Maidenhead, Kidderminster, Oakham, Dundee, Coatbridge and Buckie. (There are no data for Gosport.)

Other Services

Other services, such as a bathing service by enrolled nurses to save the time of District Nurses, laundry service for the incontinent, etc., are discussed in the area reports, but no measure of the adequacy of these services can be made from information collected in this inquiry.

7.4 INTERDEPENDENCE OF THE VARIOUS SERVICES

In some cases, one of two services could remedy the same need, for example where a person cannot prepare his or her own meals, this could be done by either supplying meals-on-wheels, or by the home help cooking the meal. Similarly, where a housewife in a big, old-fashioned house might need help with the housework, one in a purpose-built, centrally heated old person's bungalow could possibly cope without such assistance, and we have already seen that bad housing increases the demand for Residential Home places.

Considering the provision of five services in each area (home helps, meals-on-wheels, District Nurse, purpose-built housing and places in Residential Homes) (Table 43), Preston, Salisbury and Coatbridge, which have above average proportions of households serviced by home helps have below average numbers having meals-on-wheels, while Worthing, Maidenhead and Holyhead are below average in provision of home helps, but above average for meals-on-wheels. However, some areas, like Gosport and Oakham U.D. are well above average for both these two services.

Similarly, if we compare the relationship of old people's housing with places in Residential Homes, some areas are below average for both, some have above average numbers in housing and below average in Old People's Homes, while Oakham U.D. and R.D. and Coatbridge have well above average provision of both these services.

However, these comments apply to the proportions benefiting from the services, and we know that need varies between the services as well as the areas.

Table 44 summarises the proportions of need being met for each of the three main services, home helps, housing and Residential Homes. Coatbridge is outstanding in that it is meeting a higher proportion of need for all three services than any other area examined, all the need for residential places, 70% of need for home help, and nearly 40% of housing. It must be remembered, however, that Coatbridge has the lowest proportion of elderly in the Burgh compared with other areas. It is, however, a relatively "poor" area, when we consider the rateable value of domestic property in the Burgh, with over 90% of its elderly on National Assistance. Worthing, with the highest proportion of elderly, and the richest of all our areas, is meeting the lowest proportion of its needs, if one takes into account the rather stringent rehousing conditions (no owner-occupiers or men on their own are rehoused).

In five of our 12 areas (Gosport has been excluded as the data were collected rather differently) the proportion of need being met is above average for all three services, and while these have the lowest proportions of old people in the population, Salisbury has a significantly higher proportion of elderly (one in every seven persons in the City being aged 65 or over) and still meets a relatively high proportion of the need for all three services.

Of the three services, the supply of places in Residential Homes is most adequate, although this does *not* allow for the additional number that will be needed for those who cannot get adequate housing, nor for the replacement of the places in ex-P.A.I.s.

The least adequate service is the provision of satisfactory housing.

VIII HOW IS ANY LOCAL AUTHORITY TO PLAN ITS SERVICES

We must first consider whether national estimates are of any use as a guide to helping Local Authorities to estimate the need in their own areas.

The 13 areas we have been considering do not constitute a representative sample of all areas in Great Britain. In the first instance, Scotland is over-represented, and in the second, the areas were selected so that they were different from each other and not on a representative basis. For some items, however, we can compare the average of the 8, 9 or 10 areas in England and Wales (depending on whether results are given separately for the urban and rural districts of Oakham, and on whether the pilot area of Gosport is included), and the three areas in Scotland, with the national average derived by similar methods in 1962*.

The average proportion allocated a home help in the 13 areas was 4.8, compared with a national average of 4.5, and for meals-on-wheels the proportions were 0.9 and 1.1, which are very similar. Our proportion having chiropody, both Local Authority and private, is slightly higher, but within the sampling error, although the frequency of doctor's visits is somewhat more varied.

However, as the average proportions for home help provision are so similar, can we accept that the "need" averaged over the 13 areas would be in agreement with the national average? Firstly, let us compare the "need" we estimate as being unmet, with the estimate given in "The Aged and the Welfare State". In the latter, it was estimated that 5.7% of people aged 65 and over needed a home help, compared with our estimate of 4.3% of people of retirement age (Table 16). Allowing for the different age groups, (the "need" is less for women 60-64), the agreement is reasonable.

Agreement between these two figures may seem to be coincidental since in the 1962 study the estimate was based on the subjects own wishes, while in this survey the estimate was based on more detailed investigation. The 1962 survey shows the number of people who said they did not have anyone whose job it was to come in and help with the housework (that is, help from relatives, friends and neighbours was not counted) and who answered "Yes" to the question "Do you need to have someone to come in and help with the housework?"

We are, however, able to make a more direct comparison, as included in this survey was the question "Do you think you need a home help?", and Table 46 compares the number of households containing one or more persons of retirement age who say they need a home help, with the number estimated by us to be in need, and the number who are estimated to be in need and would accept a home help.

* "The Aged and the Welfare State", Townsend and Wedderburn. An interim report of a survey of persons aged 65 and over in Britain, 1962 and 1963. The full report is expected to be published in 1968. The comparison in Table 45 is between the 13 areas (5,681 people aged 65 and over interviewed 1965-1966) of this survey, and a nationally representative sample (4,067 persons 65 and over interviewed in 1962). Government Social Survey interviewers, coders and tabulation staff were used in both surveys.

It will be seen that, on average, slightly fewer households in the English areas, and slightly more in the one Welsh and three Scottish areas, say they need a home help than we found to be in need. In the comparison of need and demand there are two schools of thought. One thinks that offered a "free" service, more people than the number actually needing it will rush in and apply. There is the opposite angle that elderly people are too "proud" or too self-sufficient to apply for a service, even if they are in need. Both arguments are, to some extent, true. We have shown, in the area reports, that the people who say they need help in the home are not necessarily those who can be shown to be in need, and others struggle manfully on, not "wanting to be a bother" when they do have a very good reason for applying, or realise they *have* a need, but would still refuse a Local Authority home help.

If we subtract from our estimate of those in need those who would not accept a home help, we get the actual need to be met. By asking a simple question, the proportion of elderly asking for the service seems to give a good overall estimate of what to plan for. However, the agreement between the two figures is not nearly so good when individual areas are examined.

Even using the more detailed method of estimating, it can be seen that the overall average estimate would be wildly out for planning local services. In four areas it would result in under-provision, while in the remaining areas it would mean gross overprovision, sometimes twice as great as the actual need. It would have been very satisfactory if this survey could have shown that there was some existing numerical data which could be used as a basis in any area to estimate objectively, with some precision, likely need. It is, of course, apparent that need in an area will be related to such variables as the number of people living alone, advancing age, marital status, and so on. These variables are, however, interrelated, and to use them in order to estimate need one must take into account such interrelationships. The closeness of the relationship (correlation) between the percentage in need in an area and such variables taken separately is not very high. To obtain a reasonable estimate would therefore require to include a considerable number of these interconnected variables, and such an estimate is not possible with only 12 areas.

If Local Authorities had the resources, they could initiate a sample survey, on similar, if somewhat simpler, lines to the one used here. Copies of the questionnaires and schedules used are given in the appendices, and they could be adapted to local conditions. In a number of areas the M.O.H. or other officials have already had some experience in research work, and would find the interpretation of results a relatively easy task; getting the staff to interview and do the analysis would be the big stumbling-block.

But before doing this, they would need to examine their own policies, to see whether what they *think* is being done is *actually* being done. If, for example, they say that underoccupation is a good enough reason for rehousing, they would need to see whether, in practice, this is applied to all elderly people, or to one particular section of the population only—that is, those already Local Authority tenants. Housing Committees might find that their "rules" favour one group to the exclusion of others with perhaps a greater need, and special attention might well be paid to the allocation of warden-supervised dwellings.

Waiting lists for both housing and Residential Homes are, in many instances, woefully out-of-date, and need to be revised and kept up-to-date if they are to give any useful guide to the unmet need.

Officials and elected representatives will realise that where a service is obviously inadequate, or is thought to be inadequate by responsible people in an area, some needy cases will not be brought to the attention of those responsible for meeting this need. A case in point is the home help service. The main source of referrals is the G.P. Time and time again G.P.s said they had patients who would benefit from having a home help, but they did not refer them to the Service as "it is already overloaded, so there is no point", or because the number of hours they thought would be allocated was insufficient to make much difference. A similar situation exists over the meals-on-wheels service. With both these services, there is some evidence that the G.P. is not aware of the present position; that the Authorities *could*, in fact, supply the service, but the G.P., possibly because some time before he had had difficulty, or, because it is commonly supposed that there is a shortage of home helps everywhere, assumes, sometimes quite erroneously, that the Service is not available, and therefore does not refer cases.

Where the referral is made by the old person himself, or one of the general public, this same attitude may mask the need; that is, they decide, rightly or wrongly, that there is little point in asking for a home help, or rebousing, as they "know they haven't got a chance".

We do recognise that there *is* a difference between demand and need, and it may be that one way of establishing need is to discover the demand, and use this as a basis. This method is just as likely to underestimate the true need as to overestimate it, in that while many people who don't really need a service may ask for it, there are a number of people who need the service but who are either not aware of the possibility of getting help, who don't think it applies in their case, or whose impression of the service is such a bad one that they would rather do without. The better the service, the greater the demand. This does not necessarily mean that an improvement in the quantity or quality would increase the need, but that more people would be willing to accept help.

Local Authorities have, therefore, to publicise their services as widely as possible, encouraging G.P.s and others to refer cases, and the elderly themselves, or relatives, friends and neighbours to apply directly. But this would be valueless unless they have officials who can investigate and assess the need quickly, and also be in a position to meet the need without too much delay.

We have already said that most of the Health and Welfare officials are working to capacity, and it may be necessary as a first step to consider whether the staff is large enough to cope with an increased demand, or even to improve the present service. It seems clear that in most areas the home help service and housing programmes could be at least doubled without resulting in overprovision.

IX SUMMARY

Provision of domiciliary services and housing for the elderly varies between areas, and so does the need for these services.

9.0 HOME HELPS

The allocation of home helps to the elderly appears to vary. In one area the policy is to give the least possible amount of help for the shortest time, while in another the policy is to give as much help as is necessary to keep the home the way the old person would keep it if she were able to do her own housekeeping.

Consequently, some areas will not allow a home help to clean rooms used communally by a son or daughter, even if they are at work all day, while in other areas they adopt the policy that if a child is at work and comes home to a clean house, at least on those days the home help attends, this will help to keep the family together.

The amount of time allocated seems to depend more on this policy and on the availability of home helps than on the needs of the elderly. In most areas, most people got 3-4 hours help a week, in one area they got 1-2 hours, while in another the most usual allocation was 9-10 hours, yet there is no indication that people in the latter area are older, or more frail than in the others.

There is evidence that the home helps themselves give additional help over and above what they are engaged to do. In some cases they go in at week-ends, or their husbands will do voluntary handiwork or gardening, or they will take home washing which they put in with their own wash, or do mending at home.

Two household jobs the home helps do not do are spring-cleaning and window cleaning, both of which are particularly difficult for the elderly.

In estimating the number of people needing home helps, but not having them, on average the home help service would need to be at least doubled to cope with new cases, in addition to any increase due to the present recipients needing more help than they are getting. In the area with the least unmet need, the service would still have to be expanded by about 40%, while in the area with most need unmet, the service would have to be almost quadrupled.

9.1 HOUSING

It was almost impossible to get any reliable data as to the number of Local Authority dwellings occupied by the elderly, or the proportion of housing allocated to them. In some areas there are no purpose-built old people's dwellings, and the elderly find themselves in competition with younger single people and childless couples for the small proportion of bed-sitters and one-bedroom flats and houses. Where housing schemes are supposed to be for the elderly, it is not uncommon to find some younger people are occupying dwellings, even in sheltered housing, although here the younger people tend to be handicapped.

In most areas the number of Local Authority bedsitter and one-bedroom dwellings is quite disproportionate to the number of elderly, although some of the Authorities appear to be planning to remedy this.

Not all areas have any sheltered housing schemes, but even where such housing is provided, some areas are apparently misusing it, in that the dwellings are not necessarily being allocated to the more frail elderly.

Waiting lists were often found to be completely out-of-date. In some cases applicants had died, or circumstances had changed and housing was no longer required. Certainly these waiting lists could not, in many areas, be regarded as a measure of the existing housing needs.

In all areas some review of the waiting list is made, usually by letter asking if the applicant still wants to remain on the list. No reply to these circulars is taken as a "no longer interested". This seems a little unsatisfactory as far as the elderly are concerned, as we came across a number who had not thought it necessary to reply as "They know my case, and nothing has changed"—but who later found they had been deleted through not replying. In only one area does a housing official visit regularly to determine changes of circumstances or need. In all other areas it is the responsibility of the applicant to advise the Housing Department of any changes, either deterioration or improvement.

Most areas require some residential qualification before accepting an application—the period of residence varying from 6 months to 10 years. In practice however, the vast majority of elderly rehoused had lived in the area for at least 10 years, so that although it might appear from official policy that a newish resident might have a chance of being rehoused more easily in some areas than in others, in practice this is not necessarily so.

Other restrictions apply in some areas but not others. In some, owner-occupiers are excluded from rehousing (other than under slum clearance or redevelopment schemes), while in another area a man living on his own is not considered for rehousing.

One consideration that was seldom mentioned by the officials, but became very clear when we considered samples of those rehoused, was that in some areas Local Authority tenants are given priority in rehousing. The figures are exaggerated somewhat by the inclusion of property taken over by the Council prior to slum clearance or redevelopment, but it is still clear that where rehousing an elderly person in a purpose-built dwelling will release a larger Local Authority rented property, the case is given more favourable treatment.

All Housing Departments try to rehouse as near as possible to the old home where this is desired, but in many areas this is an impossible task. While many people doubtless refuse to move away, a number of others take the offer very reluctantly. Our inquiries show, however, that most of those who were reluctant settle down quite happily, and only a very small proportion remain dissatisfied.

It might seem important, particularly with so many of the elderly being compulsorily rehoused due to slum clearance, that they be encouraged by being taken over the property by an official, to be shown how heating units, etc. worked and so on, and given time and help to make arrangements with the move. In very few areas is there any evidence that there is a "welfare" side to rehousing.

When an elderly household is being rehoused there may be a greater need for some form of welfare than is felt by younger tenants. This might include a more personal introduction to the new dwelling, asking if they can manage the move, arranging, where necessary, for gas and electricity supplies and

generally helping them over this difficult period. Most of the elderly manage to cope quite well, but there is still a minority who might need more help than they are given. In one area the Housing Department advise the Council of Social Welfare of any elderly person to be rehoused. Perhaps this is one field in which the Voluntary Services could help already overburdened housing officials.

It is quite clear that there is a big need for rehousing the elderly in all areas; in one area, the forward planning might well cover most of the housing need, but in all other areas there will still be elderly people who will suffer from having to live in inadequate housing, or, as we see when we consider Residential Homes, will have to be given places in Old Person's Homes because they just cannot get adequate housing.

9.2 RESIDENTIAL HOMES

Residential accommodation can be provided in ex-Public Assistance Institutions, wards in Joint-User Establishments, in converted property, in new purpose-built Homes, all run by the Welfare Authority, or in Voluntary Homes, where the County pay for each resident who would, if they were not in that Home, have to be given residential care in one of their own Homes. There is some evidence that the decision as to which resident goes where is not always based on need, particularly where some Voluntary Homes are concerned.

In the main, people admitted to Homes are likely to be single or widowed women, aged 75 or over, and in most areas, at least one in five are aged 85 and over when admitted. Residents have usually been living alone, or in boarding or lodging houses, but very rarely with spouses. The death of a husband or wife often precipitates the remaining partner entering a Home.

The majority of residents said they wanted to enter a Home, particularly where they were in purpose-built or Voluntary Homes. Most become resident when they find they can no longer manage to look after themselves. This problem is particularly acute with people living on their own who are afraid of falling or becoming ill and not having help available. Others don't wish to be a burden to their children and apply for entry, these cases being more frequent than old people who quarrel with their relatives or are placed in a Home against their wishes.

Some residents go into a Home because of the desire for company and a very small number get into financial difficulties, usually men living on their own who find they cannot manage on the pension, or women living in hotels or boarding houses who run out of capital.

However, a very large number of old people go into Homes simply because of the lack of other accommodation; at least one in five of residents need not have been given a residential place if suitable housing could have been provided. A much higher proportion among residents than among the general population lived as boarders, in rooms or in lodgings which they had to leave. Also many old people who would have been able to manage in purpose-built flats or bungalows cannot continue to live in poor housing conditions and become residents instead. This often happens when hospitals are reluctant to discharge elderly patients to sub-standard accommodation. Very few old people living in Local Authority housing become resident.

Other old people who enter for lack of accommodation are those living with children who need more room as their young families grow up, and people in tied dwellings who have to leave when they retire.

Knowing that people entering Homes are likely to spend the rest of their lives there, it is surprising that more effort is not made to reassure and inform them about their new life. With notable area exceptions, less than one in ten of residents were shown over the Home before making the decision to accept a place. Also very few residents felt that they entered the Home for a trial period, so that if they didn't like it, they could return home.

Despite this, most residents were satisfied with the Home they were in, only 11% saying they were unhappy. However, we find that 10% of people living in their own homes are likewise dissatisfied, and we did not find any evidence to support the picture of Old People's Homes being inhabited by masses of unhappy or discontented residents.

Most of the residents felt that they would rather stay in the Home than try to set up house for themselves again, including some who could have originally managed on their own had housing been available. We estimated that only 5% of present residents both wanted and would be able to live on their own if suitable domiciliary services could be provided.

In making the estimate of the number of residential places needed, those at present in Homes who want to stay, even if they *could* manage, have been counted as needing a place, and those who want to come out and could manage have been counted as being able to free a place. This, however, would depend on suitable housing and domiciliary services being available, and we have already seen that there is not much chance of housing being allocated.

Similarly it excludes a number of people who will, with present housing shortages, have to be given a place in a Home, but who would be better served by rehousing.

In five of the 11 areas, provision of only one place per 1,000 persons of retirement age is needed to cover all existing need (this takes no account of replacing old Homes by new purpose-built small Homes), but in three areas a very big expansion of Residential Home places is needed.

Acknowledgements

There are some sections of this report which appear critical of the work of the officials, particularly in revising waiting lists, and preparing recipients for changes of housing or going into a Home. I should like to make it clear that in all the areas we visited the officials seemed to have case loads far in excess of what could reasonably be expected, and most of the "deficiencies", of which the officials themselves are well aware, stem from just not having the staff to cope.

We should like to acknowledge with gratitude the co-operation of these officials, not only in granting us interviews and access to their records, but in studying the draft reports; their comments and criticisms have served to make the report more truly representative of the conditions existing at the time of the survey.

Thanks are also due to the officers and representatives of the voluntary societies, the G.P.s and the 9,866 elderly people who granted us interviews, and gave so much time and valuable data, and to the Governors, Advisory Council and Secretariat of The National Corporation for the Care of Old People for their criticism, encouragement and support.

It must be remembered that the design and execution of a survey, while the responsibility of the Research Officer, is a team effort involving administrative, field, and all the specialist sections of the Government Social Survey, and on this study a special appreciation was earned by Mrs. M. Myers (Research—who is now with the Research and Intelligence Unit of the G.L.C.), Mr. Blunden and Miss S. Gray (Sampling), Mrs. Treloar and Miss McCrossan (Field), Miss A. Joiner (Coding), Mrs. M. Crome (Tabulating and Computing), and Mr. Theocharous (Administration).

X APPENDIX

TABLE 1
Proportion of eligible persons interviewed in samples drawn
(excluding waiting lists)

Area	Sample of elderly people %	Rehoused %	Home help %	Residential Homes %
Woking	85	95	95	66
Salisbury	90	92	89	87
Holyhead	90	95	83	53
Sheffield	93	92	98	88
Pruton	91	90	95	84
Maidenhead	88	95	91	84
Kidderminster	87	95	87	86
Gosport	90	90	95	92
Oakham U.D.	} 91	95	100	} 71
Oakham R.D.		95	92	
Dundee	84	92	90	77
Cothridge	91	93	96	82
Buckie	89	100	100	92
Thirteen areas	89	94	94	80

TABLE 2
Some statistics which might affect demand for Health, Welfare and Housing Services—1966 Census

	Working	Salary	Half head	Sheffield	Proton	Maiden- head	Killoc- renter	Garport	Oakham	Durham	Con- bridge	Bach
									Urban	Rural		
Total population (000's)	83.9	34.8	11.5	42.5	106.1	41.2	44.2	63.7	5.0	11.3	184.9	6.9
% retirement age in total population	28.0	16.3	14.4	16.1	16.2	14.5	13.7	13.6	18.4	9.5	14.0	16.8
% 65 and over in total population	32.4	15.0	11.4	12.9	12.9	11.4	10.8	11.2	14.2	6.9	11.0	13.4
% of men in population aged 65 and over	31.0	15.4	10.8	12.5	13.8	10.2	10.8	11.2	14.2	6.9	11.0	13.4
% of men aged 65 + single	4.5	10.3	10.0	4.3	6.3	6.4	6.2	5.5	3.7	6.8	9.1	7.5
married	76.0	64.9	76.0	73.3	70.9	69.6	73.3	71.7	74.1	65.9	65.2	61.0
widowed, etc.	19.5	24.8	14.0	21.9	22.8	24.0	20.5	22.8	22.2	27.3	25.7	31.7
% of women aged 65 + single	29.3	21.9	16.3	8.9	17.8	13.3	13.2	8.3	34.1	13.2	23.7	15.1
married	28.8	21.1	29.1	35.1	30.4	30.6	33.1	37.6	27.3	59.6	27.2	27.7
widowed, etc.	41.9	50.0	56.6	56.0	51.8	54.1	51.7	54.1	38.6	36.8	49.1	47.2
% of retirement population who are 75 +	36.7	32.8	27.1	27.6	25.0	31.0	27.7	28.6	25.0	26.8	26.9	25.3
% of all households who are L.A. tenants	9.4	26.0	34.0	32.4	27.1	19.8	24.1	22.6	30.8	14.1	48.2	43.1
% of households who are owner/occupiers	64.5	43.7	41.0	36.8	50.1	53.2	51.1	52.5	32.7	28.8	18.6	60.4
% of households lacking exclusive use of:												
hot water tap	7.5	14.9	Not available	16.0	14.2	9.4	17.5	11.2	13.7	Not available	23.3	15.1
fixed bath	14.5	16.9	Not available	28.1	25.8	11.9	20.9	9.1	18.2	Not available	33.4	25.3
inside w.c.	14.0	30.3	Not available	36.1	38.7	12.7	23.9	12.8	27.0	Not available	18.7	17.3
% having exclusive use of all three amenities	82.6	76.2	63.2	63.2	60.1	84.5	74.0	82.2	72.3	72.3	66.1	72.9
% of males aged 15 and over who were:												
Employers and managers	21.0	10.6	11.2	8.8	9.4	16.1	8.8	7.1	9.2	8.7	7.5	13.9
Unskilled manual workers	5.2	6.9	14.1	10.5	13.0	4.7	8.6	8.0	12.3	5.4	11.3	9.1

TABLE 3
Staffing of Home Help Organisation and number of cases

Area	No. of Home Help Supervisors	No. of office staff	No. of home helps		No. of elderly clients
			Full-time	Part-time	
Worthing	1	2	—	78	589
Salisbury	(Health Visitors)	—	N.A.	N.A.	286
Holyhead	1*	†	2	10	19
Sheffield	8	N.A.	326‡	—	3,700
Preston	1	1‡	95		600
Maidenhead	—	†	—	65	97
Kidderminster (W.R.V.S.)	1	†	8	16	150
Gosport	1	2	100		280
Oakham U.D. and R.D.	1	†	57		39
Dundee	1	3	46	104	760
Coatbridge	1	1	—	230	265

* County Organiser.

† Some part-time clerical assistants.

‡ Some home helps are working part-time, this figure is the full-time equivalent. It also includes 24 "Home Wives" who are more highly paid than home helps.

N.A. = No information collected or available.

TABLE 4
Proportion of elderly people in areas with differing proportions of elderly people in the population, who have the services of a home help

Area	% of 65 or over in population*	% of 65 and over having a home help
Worthing	32.36	2.4
Salisbury	15.04	7.2
Holyhead	11.80	3.3
Sheffield	12.92	4.7
Preston	12.95	5.9
Maidenhead	11.45	3.1
Kidderminster	10.81	4.5
Gosport	11.22	7.0
Oakham	9.11	5.6
Dundee	11.04	6.3
Coatbridge	8.41	7.1
Buckle	13.63	0.82
Great Britain	12.31	4.45†
England and Wales	12.42	
Scotland	11.28	

* Census 1965.

† Aged in the Welfare State (Townsend and Wedderburn), 1963.

‡ See special note on Buckle.

TABLE 5
Income of "single" people of retirement age in home help and general samples

Area	"Single" weekly incomes of persons of retirement age								No. on which % based	
	Under £6		£6-£7 19s. 0d.		£8-£9 19s. 0d.		£10 and over			
	H. H.	General	H. H.	General	H. H.	General	H. H.	General	H. H.	General
	%	%	%	%	%	%	%	%		
Worthing	49	40	37	23	5	12	9	16	62	237
Salisbury	74	59	20	19	4	8	2	14	46	236
Sheffield	75	72	23	15	2	6	—	7	75	278
Preston	70	65	28	21	1	9	1	5	77	278
M Maidenhead	58	55	35	18	2	12	5	15	62	202
Kidderminster	89	66	11	13	—	9	—	10	67	225
Oakham U.D. and R.D.	67	46	15	16	11	9	7	9	27	245
Dundee	76	67	23	14	1	11	—	8	77	558
Coventry	17	45	79	21	3	6	1	8	75	340

Holyhead and Buckle have been omitted from this table, as the numbers receiving home help were too small for reliable comparison.

Gosport was surveyed before the increase in pension and Social Security rates, and has been omitted from this table. However, in comparing the home help and general sample in that town, a greater proportion of the home help sample was in the lowest income group than those in the general elderly population.

TABLE 6
Whether source of income of people of retirement age includes
retirement pension and National Assistance

Area	Source of income is, or includes				No. on which % based	
	Retirement pension		National Assistance			
	Home help	General	Home help	General	Home help	General
	%	%	%	%		
Worthing	87	85	49	13	84	439
Salisbury	90	84	67	20	89	470
Sheffield	96	87	63	29	113	589
Preston	96	87	76	29	99	544
Maidenhead	83	78	58	17	100	446
Kidderminster	95	85	59	14	97	499
Gosport	89	84	63	25	103	513
Oakham U.D. and R.D.	87	79	46	16	39	493
Dundee	98	87	76	23	98	945
Coventry	96	84	95	40	110	648

Holyhead and Buckle have been omitted from this table, as the numbers receiving home help were too small for reliable comparison.

TABLE 7

General sample of retirement age—(1) Whether doctor seen regularly. (2) Frequency of visits for those seeing doctor regularly

Doctor's attendance	Working	Salary	Holdday	Starfield	Pruton	Malden-head	Kidder-minster	Gosport	Oshtam-U.D. and R.D.	Dundas	Coal-bridge	Busha
% of population aged 65 and over (Census 1966)	%	%	%	%	%	%	%	%	%	%	%	%
(1) Whether doctor seen regularly												
Subject visits doctor regularly	10	10	19	23	32	7	13	13	6	13	9	8
Doctor visits subject regularly	4	8	10	9	11	4	11	9	3	10	4	19
No regular visits	86	82	71	68	77	89	36	78	91	77	87	73
Number on which % based	471	508	510	609	559	466	513	532	517	987	651	642
Number not answering	16	—	1	—	1	—	—	2	—	1	2	—
(2) Frequency of visits for those seeing doctor regularly												
At least once a week	19	7	12	6	7	4	9	2	10	7	12	17
Every two or three weeks	17	31	33	27	26	11	22	15	17	18	14	19
Once a month	40	33	44	44	46	26	48	31	34	45	46	45
Less frequently than once a month	24	23	11	23	21	59	21	32	19	30	28	19
Number seeing doctor regularly on which % based	67	93	147	192	125	53	120	116	48	218	86	170
Number not answering	—	—	1	3	1	—	1	2	—	6	—	2

TABLE 8

% of those of retirement age who see their G.P. regularly, and the proportion of people of retirement age who have not seen a doctor for over 6 months

Area	% of pop. aged 65 and over (Census 1966)	% seeing G.P. regularly	% not seeing G.P. for over 6 months
Worthing	32.4	14	43
Salisbury	15.0	18	47
Holyhead	11.8	29	34
Sheffield	12.9	32	35
Preston	12.9	23	30
Maidenhead	11.4	11	45
Kidderminster	10.8	24	37
Gosport	11.2	22	51
Oakham U.D. and R.D.	9.1	9	48
Dundee	11.0	23	39
Coatbridge	8.4	13	36
Buckle	13.6	27	35

TABLE 9

No. of days and hours a week home help received

Area	% of population 65 + having home help	% of households with home help having them					Most usual number of hours per week*
		Once a week or less	5 days a week or more	Hours per week			
				1-2	3-4	11 or more	
Worthing	2.4	40	20	53	33	—	1- 2
Salisbury	7.2	1	43	4	26	4	5- 6
Sheffield	4.7	80	7	12	55	5	3- 4
Preston	8.9	89	3	18	70	2	3- 4
Maidenhead	3.1	24	27	22	30	7	3- 4
Kidderminster	4.5	15	30	16	41	1	3- 4
Gosport	7.0	8	39	16	25	12	1- 4
Oakham U.D. and R.D.	5.6	26	29	20	39	12	1- 4
Dundee	4.3	—	12	—	27	10	3- 4
Coatbridge	7.1	1	69	1	5	36	9-10

Holyhead and Buckle have been omitted from this table, as the numbers receiving home help are too small for percentages to be meaningful. However, in Holyhead 12 of the 15 households have a home help for at least 5 days a week, 4 for 11 hours or more.

* The most usual number of hours is that number of hours which the largest proportion of recipients get.

TABLE 10
Home help samples—proportion having difficulty in performing given functions

% having difficulty with:	Worthing	Salisbury	Sheffield	Pewson	Maudenshead	Kiddemansur	Orham U.D. and R.D.	Durdee	Cowbridge
	%	%	%	%	%	%	%	%	%
Getting out of doors on own	64	50	59	59	59	64	56	67	52
Getting up or down stairs on own	* 64	62	74	78	55	76	62	78	66
Getting about house on own	25	22	31	24	24	31	33	28	16
Getting in and out of bed on own	16	18	26	23	18	26	21	24	8
Washing themselves	12	8	19	15	15	14	15	16	7
Barbtag	35	46	50	53	71	49	44	45	52
Dressing	15	12	21	17	19	17	15	18	11
Number on which % based	87	89	113	106	100	97	39	96	110
% having no difficulty with any of above items	11	16	14	9	13	12	15	10	12

* Gosport has been omitted from this table because the questions asked were rather different.

TABLE 11
Percentage of people receiving different amounts of help who say
they would like more hours

Area	Number of hours allocated						All hours
	1 or 2	3 or 4	5 or 6	7 or 8	9 or 10	11 or more	
	%	%	%	%	%	%	%
Worthing	43	41	50	50			54
Salisbury	33	35	49	22			37
Sheffield	50	47	63	53			63
Preston	56	48	50	50			50
Maidenhead	44	36	60	29			42
Kidderminster	44	32	15	27			29
Gosport	29	17	22	18			22
Oakham U.D. and R.D.	67	17	50	67			44
Dundee	—	32	25	25			28
Conbridge	33		36	—	30	24	29

TABLE 12
% of those 65 and over whose windows are cleaned by no-one, self, or someone
in the household, who has difficulty, and proportion of these who
would like help

Area	% having difficulty with window cleaning	% of those having difficulty who would like help
Worthing	26	75
Salisbury	22	71
Holyhead	14	68
Sheffield	22	62
Preston	21	53
Maidenhead	24	62
Kidderminster	20	82
Oakham U.D.	19	61
Oakham R.D.	21	79
9 areas in England and Wales	21	68
Dundee	13	67
Conbridge	11	58
Buckie	9	38
3 areas in Scotland	11	56
12 areas in Great Britain	17	63

TABLE 13
Tasks performed by home helps

Household tasks	Waltham	Salisbury	Holyhead	Stafford	Preston	Maidenhead	Kidderminster	Compton	Oattham U.D. and R.D.	Dunelm	Cox-hill	Berkie
	%	%	Non.	%	%	%	%	%	%	%	%	Non.
Dusting/polishing/waxing, etc.	93	96	(15)	94	100	99	98	}	97	96	97	(4)
Cleaning floors	95	99	(15)	100	97	99	96		94	96	99	(4)
Shopping	31	61	(15)	34	37	52	46	41	45	65	63	(1)
Collecting postmen	7	16	(7)	13	6	22	24	23	16	30	34	(1)
Getting to bus/dry/care etc.	—	7	(1)	4	6	—	—	6	3	7	6	—
Doing some laundry in home	16	39	(15)	20	8	34	16	35	26	52	54	(3)
Laying fire/lighting stoves, etc *	29	57	(11)	50	27	61	50	61	48	68	83	(1)
Making beds	31	42	(11)	45	31	35	48	41	39	52	58	(3)
Getting light meals	12	12	(0)	15	7	16	15	24	13	30	32	(1)
Making tea or coffee	9	22	(8)	24	22	17	26	29	32	43	53	(3)
Washing up	23	13	(10)	35	41	28	37	39	29	58	68	(1)
Helping to wash/baths	1	5	(3)	5	3	6	4	6	10	5	3	(2)
Cleaning windows	31	43	—	64	72	50	63	12	61	69	92	—
Number of households on which % based	74	76	15	95	90	82	80	93	31	86	96	4

* Percentages for "laying fire" based on the number who had a solid fuel fire.

TABLE 14
Time at which home help arrives at household

Time arrives—first visit of day	Worthing	Salisbury	Holyhead	Sherfield	Penzance	Middleton	Kidderminster	Gosport	Colham U.D. and R.D.	Dundee	Count-holders	Buckie
	%	%	No.	%	%	%	%	%	No.	%	%	No.
Before 8 a.m.	—	3	(1)	4	—	2	—	8	—	5	—	—
8–8.55 a.m.	9	3	(1)	5	2	2	8	17	(2)	15	—	—
9–9.55 a.m.	21	53	(6)	53	42	53	21	18	(12)	12	26	—
10–10.55 a.m.	17	22	(5)	6	2	23	20	19	(5)	20	42	(2)
11–11.55 a.m.	7	9	—	1	2	8	21	13	(3)	—	9	—
Any time in morning	21	—	(1)	—	—	2	6	4	(1)	4	3	—
12 noon–12.55 p.m.	8	1	—	27	21	1	12	9	(1)	1	5	—
1–4.55 p.m.	5	4	(1)	1	27	2	3	10	—	24	2	—
2 p.m. or later	12	5	—	—	2	7	1	2	(3)	1	2	(2)
Any time during day (varies)	—	—	—	3	2	—	1	—	—	—	1	—
Number of households on which % based	75	76	15	35	90	83	79	93	29	86	96	4

TABLE 15

No. per thousand households containing persons of retirement age who are receiving,
and whom we estimate need, home help

Area	Number of households per 1,000 households who have home help	Additional number of households per 1,000 households who need home help	Total households per 1,000 households needing home help
Worthing	26	90	116
Salisbury	72	62	134
Holyhead	31	33	64
Sheffield	41	64	105
Preston	85	52	137
Maidenhead	29	23	52
Kidderminster	47	29	76
Gosport	74	47	121
Oakham U.D. and R.D.	49	34	83
9 areas in England and Wales	51	48	99
Dundee	42	38	80
Coatbridge	66	27	93
Buckle	10	31	41
3 areas in Scotland	39	32	71
12 areas in Great Britain	46	44	92

TABLE 16

No. per thousand people of retirement age in the population who are receiving,
and whom we estimate need, help*

Area	Number of persons per 1,000 persons who have home help	Additional number of persons per 1,000 persons who need home help	Total persons per 1,000 persons needing home help
Worthing	23	90	113
Salisbury	65	65	130
Holyhead	27	31	58
Sheffield	30	71	110
Preston	74	54	128
Maidenhead	26	24	50
Kidderminster	41	25	66
Gosport	62	41	103
Oakham U.D. and R.D.	48	30	78
9 areas in England and Wales	45	48	93
Dundee	35	35	70
Coatbridge	58	23	81
Buckle	8	33	41
3 areas in Scotland	34	31	65
12 areas in Great Britain	42	43	85

* The number of households needing home help is shown in Table 17.

TABLE 17

No. of households per thousand people of retirement age in the population who are receiving, and whom we estimate need, home help

Area	Number of households per 1,000 persons who have home help	Additional number of households per 1,000 persons who need home help	Total households per 1,000 elderly needing home help
Worthing	19	64	83
Salisbury	55	47	102
Holyhead	23	25	48
Sheffield	31	49	80
Preston	65	40	105
Mejörhead	21	17	38
Kidderminster	35	21	56
Gosport	52	34	86
Oakham U.D. and R.D.	38	27	65
9 areas in England and Wales	38	36	74
Dundee	33	30	63
Cothridge	52	21	73
Buckie	8	23	31
3 areas in Scotland	31	25	56
12 areas in Great Britain	36	33	69

TABLE 18

Mobility of the general sample of retirement age

Mobility	Warrington	Salisbury	Holyhead	Stretford	Preston	Macclesfield	Kilgerminster	Gosport	Goldham U.D. and R.D.	Durham	Coalbridge	Buckley
	%	%	%	%	%	%	%	%	%	%	%	%
Bedfast permanently	—	0.6	1.0	0.2	0.4	—	—	0.4	0.2	0.4	0.3	0.3
Bedfast temporarily, usually homebound	—	—	0.4	0.2	0.7	0.2	0.4	0.4	—	0.2	0.1	0.3
Homebound permanently	7.0	10.2	8.4	7.2	6.9	9.7	8.6	6.9	7.8	6.9	7.3	9.3
Homebound or bedfast temporarily, usually goes out	2.7	2.8	3.1	3.1	4.2	4.5	4.1	4.0	1.1	2.3	3.1	2.6
Usually goes out	90.3	86.4	85.1	89.3	87.5	85.6	88.9	83.3	90.9	90.2	88.7	84.1
	92.0	89.2	90.2	92.4	92.0	90.1	91.0	92.5	92.5	92.5	91.8	89.7
No. of persons on which % based	437	508	381	609	531	666	513	534	526	968	633	642

TABLE 19

Proportions of persons of retirement age having difficulty in performing given functions

Percentage having difficulty	Worthington		Salisbury		Holehead		Sheffield		Proston		Maidenhead		Kilford-minster		Gorport		Oakham		Derdon		Con-burgh		Buckie	
	%		%		%		%		%		%		%		%		%		%		%		%	
Getting out of doors on own	19		19		20		19		20		19		17		16		19		13		19		22	
Getting up or down stairs on own	27		27		29		27		27		25		31		29		30		36		35		35	
Getting about house on own	7		9		9		6		8		4		8		6		9		6		6		7	
Getting in and out of bed on own	5		7		10		8		10		5		8		6		9		4		6		5	
Washing themselves	3		5		6		4		6		2		4		12		4		2		4		5	
Bathing	16		19		17		16		22		15		17		12		13		13		14		15	
Dressing	5		7		6		5		8		4		6		5		7		4		5		5	
Number on which % based	427		503		511		629		551		466		513		514		232		948		653		642	
% having no difficulty	54		55		55		57		44		35		52		50		32		46		46		52	
% having no difficulty (other than bathing)	55		56		56		58		45		56		53		†		53		47		47		52	

* Excluding 10 persons in homes/hospitals.

† In Gorport, washing and bathing were not examined separately.

TABLE 20
% of people of retirement age in various age groups

Area	% of pop. 65 & +*	% of those of retirement age who are aged*				No. on which % based
		60-64	65-69	70-74	75 and over	
Worthing	32.4	14.9	25.6	22.8	36.7	31,910
Salisbury	15.0	17.8	28.0	21.4	32.8	6,300
Holyhead	11.8	15.1	30.1	24.7	27.1	1,660
Sheffield	12.9	20.0	29.3	22.9	27.8	77,930
Preston	12.9	20.2	30.3	24.5	25.0	17,230
Maidenhead	11.4	20.8	27.9	20.3	31.0	5,990
Kidderminster	10.8	21.2	25.2	21.9	27.7	6,070
Gosport	11.2	18.9	31.1	21.4	28.6	9,090
Oakham U.D.	14.2	22.8	27.2	25.0	25.0	920
Oakham R.D.	6.9	26.8	29.4	17.0	26.8	1,120
10 areas in England and Wales	14.5	19.0	28.7	22.7	29.6	153,380
Dundee	11.0	21.1	30.1	21.9	26.9	25,850
Coatbridge	8.4	21.5	31.1	21.6	25.8	5,690
Buckie	13.6	19.0	25.9	19.8	35.3	1,160
3 areas in Scotland	10.5	21.1	30.1	21.8	27.0	32,700
13 areas in Great Britain	13.6	19.3	28.9	22.6	29.2	190,940

*Census 1966.

TABLE 21

Percentage of people of retirement age for whom most of the housework is done by a friend, a child or other relative, not living in the same household

Area	Friends	Children	Other relatives
	%	%	%
Worthing	0.4	0.8	—
Salisbury	—	1.2	0.6
Holyhead	—	1.8	1.4
Sheffield	0.3	2.6	0.5
Preston	0.7	1.6	2.0
Maidenhead	0.9	1.1	—
Kidderminster	1.0	1.8	0.2
Gosport	0.6	0.8	0.8
Oakham U.D. and R.D.	0.4	2.5	0.4
Dundee	0.3	2.1	0.6
Coventry	0.9	4.9	1.4
Buckie	0.2	3.6	0.5

TABLE 22

Tenancy of previous dwelling of households now rehoused

Area	Tenancy of previous dwelling					Number on which % based
	Owner-occupier	L.A. tenant	Privately rented	Boarder	Rent free	
	%	%	%	%	%	
Worthing	3	13	68	11	5	79
Salisbury	1	17	65	5	12	66
Holyhead	19	15	58	4	4	75
Sheffield	7	43	45	4	1	92
Preston	17	17	56	5	5	60
Maidenhead	2	27	46	14	11	56
Kidderminster	8	48	37	3	4	78
Gosport	9	39	37	9	6	46
Oakham U.D.	(1)	(1)	(12)	—	(1)	15
Oakham R.D.	11	27	51	—	11	37
Dundee	2	35	63	—	—	71
Coventry	3	41	54	1	1	69
Buckie	(1)	(1)	(5)	(4)	(2)	11

Figures in brackets are numbers, not percentages.

TABLE 23

Percentage of persons refused who lacked or shared amenities in their previous accommodation

Amenities	Worthing	Salisbury	Holyhead	Sheffield	Preston	Maiden- head	Kidder- minster	Gosport	Oakham		Dundee	Cape- bridge	Buckle
									U.D.	R.D.			
	%	%	%	%	%	%	%	%	No.	%	%	%	No.
Sole use of all amenities	35	51	42	37	23	45	69	58	(4)	23	19	47	(2)
Lacked/shared bathroom only	17	28	34	34	57	33	21	20	(6)	14	9	12	(3)
Lacked/shared w.c. only	1	—	—	2	—	—	—	—	—	—	—	—	—
Lacked/shared kitchen only	—	—	—	1	—	—	—	—	—	2	—	1	—
Lacked/shared kitchen and w.c.	1	—	—	—	—	—	—	—	—	—	—	—	—
Lacked/shared bathroom and w.c.	9	8	13	5	4	6	6	6	(4)	35	14	31	(1)
Lacked/shared kitchen and bath- room	5	—	—	3	1	—	—	—	—	—	8	2	(2)
Lacked/shared all amenities	32	13	2	14	10	14	4	16	(3)	21	50	7	(4)
Number on which % based (includes no answer)	82	75	89	123	76	72	99	55	17	51	75	82	12

TABLE 24
Percentage of people rehoused who had an indoor, outdoor, or no w.c. in their previous dwelling

Amenities	Worthing	Salisbury	Holyhead	Stafford	Preston	Maidenhead	Kidderminster	Gungahlin	Oshtan		Dunedin	Coventry	Bristol
									U.D.	R.D.			
Sole use of all amenities, including indoor w.c.	%	%	%	%	%	%	%	%	No.	%	%	%	No.
	26	39	31	24	19	39	56	40	(2)	19	18	46	(3)
Sole use of all amenities, but outdoor w.c.	10	11	11	13	9	6	10	37	(2)	8	—	—	—
	44	14	3	7	13	25	3	15	(1)	12	22	13	(6)
Not sole use of all amenities, and outdoor w.c.	20	29	40	55	53	30	25	27	(12)	12	60	41	(4)
	—	7	25	1	1	—	1	1	—	49	—	—	(2)
No w.c.	—	—	—	—	—	—	—	—	—	—	—	—	—
% with outside or no w.c.	30	47	66	69	68	36	36	45	(14)	69	66	41	(6)
Number on which % based (including no answer)	81	76	89	123	76	72	106	55	17	51	75	83	12

TABLE 25

Whether rehoused had to move and reasons for moving (both had to and wanted to move)

Reasons for move	Worthing	Salisbury	Holehead	Starfield	Preston	Maidenhead	Kidderminster	Gosport	Oxham		Densetoe	Cottisbridge	Buckde
	%	%	%	%	%	%	%	%	U.D.	%	%	%	No.
% who had to move	34	68	81	44	25	54	45	40	(4)	30	23	45	(0)
Sham clearances/developments	8	28	23	40	47	22	35	20	(3)	18	49	38	(2)
House in bad condition	17	7	13	8	8	1	11	5	(2)	15	12	7	—
Lack of amenities	8	8	7	4	4	6	1	—	—	—	19	14	(3)
Retired from tied accommodation	5	4	10	4	—	10	2	2	(1)	15	—	1	—
Given notice to quit/home sold	12	18	6	1	3	9	5	2	—	2	—	—	(1)
Pressure from family	6	5	—	5	3	17	2	7	—	—	—	4	(1)
Wanted a place of own/security	17	13*	4	5	5	12	3	5	(1)	—	1	—	(2)
Health reasons	23	26	33	14	16	14	28	22	(1)	35	19	19	(1)
House/garden too big	7	8	10	16	9	14	19	24	(6)	15	13	11	(1)
Financial reasons	7	3	4	6	4	3	2	7	—	—	5	4	(1)
To be near children/relatives	—	3	3	10	3	4	1	—	(2)	—	3	2	—
Wanted different location	4	5	1	11	9	3	8	—	—	—	11	6	—
Other reasons	11	—	3	1	3	—	4	7	—	—	4	6	(1)
Number of reasons	104	97	112	153	85	83	122	56	16	51	102	91	13
Number of persons on which % based (excluding no answer)	82	76	90	123	74	72	101	55	16	51	75	81	11

* Includes 3% who had no house.

† Percentages add to more than 100 as people sometimes had more than one reason for moving.

TABLE 26
Distance moved from previous accommodation

Distance moved	Worthing	Salisbury	Hollybush	Sherfield	Peaston	Minden- head	Kilck- minster	Oakham		Durdree	Coal- bridge	Buckle
								U.D.	R.D.			
Less than 5 minutes	% 9	% 1	% 17	% 2	% 4	% 6	% 16	No. (0)	% 30	% 7	% 12	No. (2)
5-10 minutes	20	15	30	10	12	14	13	(4)	41	21	42	(5)
11-15 minutes	30	25	18	10	29	14	17	(3)	8	15	19	—
16-20 minutes	7	16	9	9	13	14	12	(1)	—	3	11	(2)
21-30 minutes	16	25	20	26	17	26	21	(3)	10	37	11	(2)
31-45 minutes	12	11	5	16	15	10	13	—	6	13	5	—
Over 45 minutes	6	7	1	27	5	8	8	—	5	4	—	(1)
No. on which % based	82	75	89	123	76	72	102	17	51	75	83	12

Table contains Gosport, where question not asked.

TABLE 27
Percentage of rehoused persons viewing the accommodation

Area	Shown over by official	Shown over by previous tenant	Went by themselves	Went with friend	Someone else viewed	Not seen	Number on which % based*
	%	%	%	%	%	%	
Worthing	12	—	33	38	—	17	82
Salisbury	8	—	22	41	—	29	76
Holyhead	16	—	39	16	—	9	90
Sheffield	2	5	62	22	—	9	123
Preston	32	—	37	15	1	15	74
Maidenhead	24	7	33	21	3	12	71
Kidderminster	10	—	39	32	—	19	98
Oakham U.D.	(3)	—	(6)	(5)	—	(2)	16
Oakham R.D.	33	—	43	14	—	8	51
Dundee	5	—	37	56	2	—	75
Coatbridge	83	—	24	16	—	7	83
Buckle	—	—	(5)	(4)	—	(2)	11

* Excludes some not answering

TABLE 28
No. of households qualifying for rehousing

Area	% of pop 65+ (Census 1966)	No. of units needed	No. of units per 1,000 people of retirement age
Worthing	32.4	440	14
Salisbury	15.0	326	51
Holyhead	11.8	154	93
Sheffield	12.9	11,640	149
Preston	12.9	3,220	129
Maidenhead	11.4	368	62
Kidderminster	10.8	350	58
Gosport	11.2	1,120*	107*
Oakham U.D.	14.2	70	85
Oakham R.D.	6.9	69	62
10 areas in England and Wales	14.5	16,763	106
Dundee	11.0	3,120	121
Coatbridge	8.4	570	100
Buckle	13.6	69	42
3 areas in Scotland	10.5	3,739	114
13 areas in Great Britain	13.6	26,504	107

* This estimate was based on both men and women aged 60 and over.

TABLE 29
Distance away from old home of residents (retirement age)

Area	% of pop. 55+ (Census 1966)	Distance away %				No. on which % based*
		Up to 15 mins.	16-30 mins.	31-60 mins.	Over 60 mins.	
Worthing	32.4	32	32	26	10	59
Salisbury	15.0	39	53	6	2	53
Holyhead	11.8	(3)	(3)	(1)	—	7
Sheffield	12.9	23	31	41	5	56
Preston	12.9	58	30	11	1	64
Maldenhead	11.4	38	33	19	10	48
Kidderminster	10.8	53	26	19	2	42
Gosport	11.2	29	16	42	13	41
Oakham	9.1	40	25	25	10	20
Dundee	11.0	33	33	27	7	55
Coatbridge	8.4	35	39	3	3	36
Buckie	13.6	(6)	(5)	—	—	11

*Excluding those who did not answer the question or who did not know the distance away.

TABLE 30
Sex and age group of men and women residents at admission to Home
(including those not interviewed)

Area	Women aged		Men aged		No. on which % based
	Up to 74	75 or over	Up to 74	75 or over	
Worthing	%	%	%	%	87
Salisbury	23	55	8	14	78
Holyhead	13	72	10	5	14
Sheffield	(2)	(3)	(4)	(3)	64
Preston	15	41	16	28	78
Maldenhead	26	32	23	19	63
Kidderminster	19	36	8	17	49
Gosport	23	51	10	16	42
Oakham U.D. and R.D.	21	60	2	17	32
	9	50	31	10	
9 areas in England and Wales	19	52	13	16	597
Dundee	20	52	15	13	73
Coatbridge	15	13	42	30	47
Buckie	(3)	(4)	(3)	(2)	12
3 areas in Scotland	19	36	26	19	152
12 areas in Great Britain	19	48	16	17	639

() denotes numbers and not percentages.

TABLE 31

Ages at admission to Residential Homes (including those not interviewed) of those now of retirement age

Age at admission	Worthing	Salisbury	Holyhead	Stafford	Peaton	Maidenhead	Kidderminster	Gosport	Oakham U.D. and R.D.	Dundee	Ceas-bridge	Buckie
% of population aged 65 and over (Census 1966)	% 32.4	% 15.0	No. 11.6	% 12.9	% 12.9	% 11.4	% 10.8	% 11.2	% 9.1	% 11.0	% 8.6	No. 13.6
Under 60	2	5	—	—	—	—	—	5	6	—	—	—
60-64	5	4	—	—	—	5	6	—	—	1	4	(1)
65-69	7	5	(3)	17	18	8	10	9	15	17	29	(4)
70-74	17	9	(3)	14	31	14	17	9	19	17	32	(1)
75-79	28	23	(5)	29	24	27	27	29	22	15	19	(5)
80-84	20	26	(2)	20	22	22	16	29	21	34	13	(1)
85-89	14	19	(3)	20	5	13	18	—	—	—	9	—
90 or over	7	9	—	—	—	11	6	19	10	16	2	—
Number on which % based	87	78	14	64	78	63	49	42	32	73	47	12

TABLE 32
Who lived with residents in their last domiciliary residence

Area	alone	in hotel/ boarding house	with apart	with* others	No. on which % based
Worthing	45	18	4	33	67
Salisbury	43	2	4	31	55
Holyhead	(20)	—	—	(3)	8
Sheffield	47	5	12	36	56
Preston	45	2	3	50	66
Maidenhead	45	8	4	43	53
Kidderminster	51	5	12	32	42
Gosport	50	—	5	45	44
Oakham U.D. and R.D.	55	9	9	27	32
9 areas in England and Wales	47	6	6	41	413
Dundee	59	4	11	27	56
Coatbridge	25	30	—	45	40
Buckle	(8)	(1)	(1)	(2)	12
3 areas in Scotland	47	14	7	32	108
12 areas in Great Britain	47	8	6	39	521

Figures in () are numbers of cases, not percentages.

* This group includes people living "in digs"—i.e. with private families who take one or two boarders or lodgers only.

TABLE 33

Persons in the general sample of retirement age (G) having difficulty with different activities, compared with the residents (R) immediately before they entered a Home

% having difficulty with:	Worthing		Salisbury		Holyhead		Sheffield		Preston		Maidenhead		Kidderminster		Gosport		Osham U.D. and R.D.		Doverlee		Coatbridge		Buckley	
	R	G	R	G	No.	R	G	R	G	R	G	R	G	R	G	R	G	R	G	R	G	R	G	No.
Going out of doors	36	19	47	19	(3)	20	32	19	25	20	49	19	26	17	34	16	(2)	17	18	18	10	19	(2)	22
Getting up or down stairs	36	27	38	27	(1)	29	34	27	35	37	47	25	52	31	43	29	(3)	26	39	36	8	35	(7)	35
Getting about house	18	7	16	9	(1)	9	14	6	11	8	19	4	17	8	16	6	(1)	6	9	6	—	6	—	7
Getting in and out of bed	9	5	7	7	—	10	13	8	9	10	8	5	17	8	16	6	—	6	9	6	—	6	(1)	5
Washing	6	3	5	5	—	6	4	4	3	6	4	2	5	4	27	12	—	3	5	3	—	4	—	5
Bathing	30	16	40	19	(1)	17	21	16	20	22	43	15	29	17	14	5	(3)	17	20	13	5	14	(1)	15
Dressing	12	5	5	7	—	6	4	5	6	8	4	4	7	6	14	5	—	5	7	5	—	5	—	5
Cutting toenails	54	31	56	31	(2)	32	45	29	50	42	45	31	55	33	50	26	(9)	31	56	41	30	38	(5)	31
No difficulty	34	54	31	55	(4)	55	39	57	38	44	28	55	31	52	34	58	(12)	55	35	46	67	46	(2)	52
Number on which % based	67	487	85	508	8	511	56	629	66	551	51	465	42	513	44	534	22	516	56	568	40	653	12	642

TABLE 34
% of sample interviewed wanting/not wanting to be residents, and reasons
(All persons over retirement age)

Reasons for becoming resident	Worthing	Salisbury	Holyhead	Stafford	Preston	Malden-head	Kidder-minster	Osprey	Oakham U.D. and R.D.	Doncaster	Cole-bridge	Buckle
	%	%	No.	%	%	%	%	%	No.	%	%	No.
% of sample interviewed wanting to be residents	75	67	(6)	71	56	69	60	79	(13)	75	67	(8)
% not wanting to be residents	25	33	(2)	29	44	31	40	21	(9)	25	33	(4)
Number on which % based*	67	55	8	56	66	43	42	42	22	56	59	12
Reasons:-												
Needed care and attention	60	46	(3)	55	37	44	65	48	(10)	62	49	(7)
Wanted company	3	2	—	9	10	6	12	10	(3)	4	3	(1)
Did not want to be a burden on children or relatives	8	19	(1)	2	5	8	8	20	—	9	5	—
Trouble with children/relatives	5	16	(1)	11	15	10	3	7	(2)	5	14	(1)
Housing difficulties	12	13	(3)	21	30	30	12	15	(4)	16	24	—
Financial difficulties	3	4	—	2	2	2	—	—	(1)	—	3	—
Other	9	—	—	—	1	—	—	—	(2)	4	2	(2)
Number on which % based*	64	54	3	54	62	48	39	40	22	54	38	11

* Table contains a few where question was not answered.

TABLE 35
Tenancy of previous domiciliary accommodation of residents

Area	house/flat rented from L.A.	house/flat owned or rented other	Recom- mended	Lodging/ boarding house, hotel	Tied accommo- dation	Numbers on which % based
	%	%	%	%	%	
Worthing	7	35	23	32	3	66
Salisbury	4	49	13	32	2	55
Holyhead	—	(3)	—	(5)	—	8
Sheffield	18	41	7	29	5	56
Preston	8	44	9	38	1	66
Maidenhead	2	46	13	29	10	52
Kidderminster	16	60	12	12	—	42
Gosport	14	61	9	36	—	43
Oakham U.D. & R.D.	(1)	(16)	(2)	(2)	(1)	22
9 areas in England and Wales	9	48	12	28	3	410
Dundee	25	52	7	16	—	56
Coarbridge	13	32	—	55	—	40
Buckle	(3)	(8)	—	(1)	—	12
3 areas in Scotland	20	46	4	30	—	106
12 areas in Great Britain	11	48	10	28	3	538

Figures in brackets are numbers, not percentages.

TABLE 36
Attitudes towards entering a Home compared with pre-knowledge of what to expect

Area	Willing to go into Home	Thinking it was for trial period	Seeing over Home	Told what to expect	No. on which % based
	%	%	%	%	
Worthing	75	30	21	21	67
Salisbury	67	13	4	13	55
Holyhead	(8)	(1)	(2)	(1)	8
Sheffield	71	25	9	29	56
Preston	56	30	24	17	66
Mauderhead	69	4	8	25	53
Kidderminster	60	33	10	26	42
Gosport	79	12	not asked	not asked	44
Oskham U.D. and R.D.	59	9	9	14	22
Dundee	75	14	9	16	56
Coatbridge	67	20	28	18	40
Buckie	(8)	(2)	(2)	(6)	12

TABLE 37
Whether residents like the Home they are in

Area	% of residents				No. on which % based
	Liking Home	Liking, with qualifications	No choice, have to like it	Dislike Home	
Worthing	76	10	2	12	67
Salisbury	51	24	16	9	55
Holyhead	(7)	(1)	—	—	8
Sheffield	77	4	5	14	56
Preston	70	12	5	13	66
Mauderhead	74	20	—	6	51
Kidderminster	72	14	2	12	42
Gosport	91	2	—	7	44
Oskham U.D. and R.D.	64	14	18	4	22
Dundee	61	12	14	13	56
Coatbridge	67	15	5	13	40
Buckie	(8)	(3)	—	(1)	12

Brackets denote numbers and not percentages.

TABLE 38

Proportion of people of retirement age who are discontented with their way of life,
and proportion of residents disliking their Home

Area	Private homes, discontented	Residential homes, disliking
	%	%
Worthing	7	12
Salisbury	7	9
Holyhead	9	—
Sheffield	12	14
Preston	6	13
Maidenhead	8	6
Kidderminster	4	12
Gosport	not available	7
Oakham U.D. and R.D.	7	4
9 areas in England and Wales	7	11*
Dundee	21	13
Coatbridge	10	13
Buckie	10	(1)
3 areas in Scotland	15	12
12 areas in Great Britain	10	11*

*Excludes Gosport

TABLE 39

Number of residents of retirement age in sample drawn wanting
to leave the Home

Area	No. in sample wanting to leave the Home	No. in sample estimated could live on own
Worthing	3	—
Salisbury	5	—
Holyhead	1	1
Sheffield	6	1 possible
Preston	14	5 + 1 possible
Maidenhead	4	1
Kidderminster	9	5
Gosport	2	1
Oakham U.D. and R.D.	4	2
Dundee	9	4
Coatbridge	9	6
Buckie	—	—
Total—all areas	66	25 + 2 possibles

TABLE 40

No. of Local Authority places in Local Authority and Voluntary Homes at present, and the estimated additional number needed for old people at present in their own homes who need residential accommodation

Area*	No. of residential places			No. of places per 1,000 of retirement population	
	At present	Needed in addition	Total† places needed	Places at present	Total places needed
Worthing	315	390	605	7	19
Salisbury	79	50	129	12	20
Holyhead	17	3	19	10	11
Sheffield	670	310	980	9	13
Pruton	337	11	348	20	20
Maldenhead	89	18	106	15	18
Kidderminster	107	12	119	18	19
Gulham U.D. and R.D.	33	3	36	16	17
8 areas in England and Wales	1,547	797	2,344	10	16
Dundee	340	430	770	13	30
Coatbridge	85	1	86	15	14
Buckle	13	15	28	11	24
3 areas in Scotland	438	466	894	13	27
11 areas in Great Britain	1,985	1,263	3,248	10	17

* Gosport has been omitted from this table, as the data collected here was not sufficient on which to base an estimate.

† This includes those people at present in Homes who do not need a place, and assumes that housing will be provided for those who previously, in lieu of adequate housing, were given places in Residential Homes.

TABLE 41

Proportion of people aged 65 and over who are getting meals-on-wheels, and of those aged 65 and over who have to do most of their own cooking, but cannot get even one cooked meal a day without difficulty

Area	At present receives meals-on-wheels	Cannot get even one cooked meal a day without difficulty
	%	%
Worthing	1.7	2.4
Salisbury	0.5	2.4
Holyhead	1.4	2.1
Sheffield	1.0	6.4
Preston	0.7	2.0
Maidenhead	1.8	1.5
Kidderminster	1.4	3.8
Gosport	1.9	1.3
Oakham U.D. and R.D.	0.7	4.4
9 areas in England and Wales	1.2	2.9
Dundee	0.4	1.4
Coventry	—	1.4
Buckie	0.2	1.2
3 areas in Scotland	0.2	1.4
12 areas in Great Britain	0.9	2.4

TABLE 42

Proportion of people of retirement age having the services of the District Nurse, the Health Visitor and a chiropodist

Area	% of retirement age with services of			
	District Nurse	Health Visitor	Chiropodist	
			L.A.	L.A. and Private
Worthing	1.9	1.4	2.3	30.3
Salisbury	2.0	2.6	5.9	26.8
Holyhead	2.1	0.8	8.2	15.1
Sheffield	1.2	1.5	4.9	21.3
Preston	4.0	1.6	7.6	23.1
Maidenhead	2.4	1.9	5.4	20.2
Kidderminster	1.2	1.4	3.1	20.5
Gosport	2.1	0.2	6.2	not known
Oakham U.D. and R.D.	2.7	1.3	6.7	16.0
Dundee	2.3	1.6	13.5	24.1
Coventry	2.6	0.4	15.3	26.6
Buckie	1.3	0.3	14.5	19.5

TABLE 43

Provision of various services per 1,000 persons of retirement age

Area	% of pop. 65+ (Census 1966)	Households with home help	People getting M.G.W.	People seeing District Nurse	Households on O.P. housing	Places in Houses
Worthing	32.4	19	14	19	8	7
Salisbury	15.0	53	4	20	18	12
Holyhead	11.8	23	12	21	4	10
Sheffield	12.9	31	8	12	69	9
Frinton	12.9	63	5	40	29	20
Maidenhead	11.4	21	15	24	24	15
Kidderminster	10.8	35	14	12	31	18
Gosport	11.2	52	19	21	N.A.	N.A.
Oukham U.D.	14.2	60	17	34	30	16
Oukham R.D.	6.9	20	—	20	44	
10 areas in England and Wales	16.5	38	11	22	26	10
Dunfermline	11.0	33	4	23	41	13
Coatbridge	8.4	52	—	26	58	15
Buckie	13.6	8	3	33	13	11
3 areas in Scotland	10.5	31	2	27	38	13
13 areas in Great Britain	13.5	36	9	23	30	10

N.A. = figures not available.

TABLE 44

Percentage of the need for home helps, purpose-built housing and residential places,
that is already being met

Area	% of pop. 65+ (Census 1966)	Home helps	Purpose- built housing	Residential places
		%	%	%
Worthing	32.4	23	36	36
Salisbury	15.0	54	26	63
Holyhead	11.8	48	4	89
Sheffield	12.9	39	25	68
Preston	12.9	62	18	98
Meidenhead	11.4	55	28	84
Kidderminster	10.8	62	35	94
Oakham U.D.	14.2	} 59	26	} 97
Oakham R.D.	6.9		41	
9 areas in England and Wales	14.7	41	25	66
Dundee	11.0	52	25	43
Coventry	8.4	71	37	100
Buckle	13.6	26	24	46
3 areas in Scotland	10.5	56	27	49
12 areas in Great Britain	13.8	43	25	62

TABLE 45

Proportion of elderly people having various services, compared with the national average derived from the Cross National Survey, 1962

% of persons aged 65 or over who:	Worthing	Salisbury	Bath- head	Shaft- esbury	Brenton	Maiden- head	Kidder- minster	Ospere	Oakham		10 areas in East of England Wales	Dartford	County bridge	Buckley	3 areas in South England	12 areas in Great Britain 1962	Cross National Survey 1962
									U.D.	R.D.							
Receive—	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Home help	2.4	7.2	3.3	4.7	8.9	3.1	4.5	7.0	8.3	2.4	5.2	6.3	7.1	0.8	4.1	4.8	4.3
Maiden-heads	1.7	0.5	1.4	1.0	0.7	1.8	1.4	1.9	1.6	—	1.2	0.4	—	0.2	0.2	0.9	1.1
District Nurse	1.7	2.4	2.3	1.4	4.3	2.6	1.4	2.2	3.7	2.0	2.3	2.5	2.8	3.9	3.0	2.5	N.A.
Health Visitor	1.4	3.1	0.9	1.8	1.8	2.0	1.7	0.2	2.1	0.8	1.6	1.7	0.6	0.4	1.0	1.4	N.A.
Chiropractor—L.A.	2.4	6.8	9.6	5.5	8.5	5.9	3.6	6.7	8.5	6.2	6.2	15.8	17.0	16.5	16.3	9.4	7.3
Private	28.7	19.5	6.6	16.5	15.0	14.8	16.1	N.A.	15.9	8.8	16.2*	13.6	10.7	4.4	10.1	13.0*	11.3
Hospital outpatients treatment	8.9	13.7	5.6	15.6	10.3	10.2	11.4	N.A.	5.8	7.4	10.4*	9.3	11.1	5.1	8.5	9.0*	N.A.
See G.P. regularly— in own home	4.7	8.7	10.3	10.8	12.5	4.4	10.9	9.9	2.1	4.6	8.5	10.8	4.5	21.0	12.0	9.6	N.A.
at surgery	8.9	8.9	18.3	23.5	11.0	7.4	12.1	12.3	4.2	9.1	12.4	13.4	7.7	7.9	10.2	11.7	N.A.
Last saw G.P.— Within last week	9.9	6.2	11.1	5.5	10.5	8.4	9.0	N.A.	5.9	5.8	8.3*	8.7	8.5	8.8	8.7	8.4*	13.0
Over a week—1 month ago	21.1	22.8	32.9	32.8	30.2	13.2	29.3	N.A.	15.1	25.3	25.9*	27.3	23.5	27.0	25.9	25.9*	20.7
Over a month—three months ago	14.0	15.1	13.8	18.9	22.3	21.8	18.3	N.A.	18.4	16.7	17.0*	21.6	23.1	18.0	20.7	18.7*	15.2
Over three months— one year ago	24.9	23.8	23.0	19.0	15.7	25.8	19.3	N.A.	27.0	26.2	22.2*	20.3	23.3	24.8	22.5	22.3*	21.1
More than a year ago	30.0	31.0	19.1	22.9	21.4	30.8	24.0	N.A.	33.5	38.0	26.0*	22.0	23.5	21.4	22.3	26.7*	30.0
Numbers on which % based†	419	416	426	480	447	381	422	446	189	243	5,119	757	597	518	1,792	5,641	4,023

* Percentages exclude Osprey.

† Excludes some not answering.

N.A. = Information not available.

TABLE 46

Estimates of number of households per 1,000 population of retirement age saying they need home help, found to be in need, and in need and would accept

Area	Number per 1,000 of retirement age		
	Saying they need help	Found to be in need	Found to be in need, and would accept help
Worthing	41	64	58
Salisbury	24	47	45
Holyhead	27	25	23
Sheffield	53	69	69
Ponson	53	49	38
Maidenhead	24	17	15
Kidderminster	35	21	21
Oakham U.D. and R.D.	31	27	23
8 areas in England and Wales	35	36	34
Dundee	29	30	30
Coatbridge	38	21	21
Buckle	16	23	23
3 areas in Scotland	28	25	25
11 areas in Great Britain	33	33	31

Gosport was excluded as the questions were not asked

SOCIAL WELFARE FOR THE ELDERLY

S.S. 366

(i) Interviewer.....		If on more than one sample, record both (a) and (b). (a) Serial No. (b) Serial No. (c) Serial No. (d) Serial No.
Authorization No.		
(ii) Date of interview..... 1966		
(iii) Time interview started.....		
(iv) No. of calls made.....		(v) Name of subject..... (BLOCK CAMP) Address.....
(v) Order of interview or non-contact.....		
(vi) Result of final call.....		(vii) If Non-contact or Refusal—Reason—giving as much detail as possible, e.g. if sick, appears unwell/walks with stick, etc., or out at work. Get household composition and as much detail as possible.
Interview completed..... 1		
Interview part completed..... 2		
No interview..... 3		
(viii) Person interviewed:—		
Subject (single)..... 4		
Subject (jointly)..... 5		
Subject helped by proxy..... 6		
Proxy..... 7		

Where subject is at home, but is too confused or irrational, or too ill to be interviewed (excluding temporary illness where an interview may be carried out at a later date), someone who is responsible for looking after the subject (a proxy) should be asked.

[INTRODUCE—To begin with, I'd like to ask how you manage]

1. Are you usually able to get out and about all right (apart from bad weather)?

Yes..... Y
No..... X

2. Establish whether informant is:—

BEDFAST, permanently..... 1 ask (a) (b)

BEDFAST, temporarily, usually

HOUSEBOUND..... 2 ask (a) (b)

BEDFAST, temporarily, usually

GOES OUT..... 3 go on to 3

HOUSEBOUND, permanently..... 4 ask (a) (b)

HOUSEBOUND, temporarily, usually

GOES OUT..... 5 } go to 3

USUALLY GOES OUT..... 6 }

Temporarily covers any disability from which subject is expected to recover, e.g. broken leg makes subject bedfast, or at present housebound because of bad cold.

Housebound includes those who normally only get so far as the front gate, garden, etc.

Goes out includes those who can only go out with a helper, but where a helper is practically available.

If bedfast permanently (1) ask

(a) What keeps you in bed?

If usually housebound (2, 4) ask

(a) What stops you going out?

(b) How long is it since you've been able to get up (go out)?

1 month or less..... Y
Over 1 month—3 months..... X
Over 3 months—6 months..... 0
Over 6 months—1 year..... 1
Over 1 year—2 years..... 2
Over 2 years—3 years..... 3
Over 3 years—4 years..... 4
Over 4 years—5 years..... 5
Over 5 years—10 years..... 6
Over 10 years..... 7
Vague's long time? D.K..... 8

3. How do you manage about your home-keeping arrangements?

Who usually prepares and cooks most of your meals?

Self	Y ask (a)
Spouse	X
Joint self/spouse	0 ask (b)
Child (in-law) in household	1
Child (in-law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend/neighbor outside household	6 ask (b)
Meals-on-wheels/Home Help	7 ask (b)
Private domestic help	8
Eat most meals out	9

ONE
CODE
ONLY

If cooks and prepares own meals (Y) or joint (0)

(a) Are you able to get at least one cooked meal a day without difficulty?

Yes	1
No	2 ask (i)

If some difficulty (2)

(i) What is the difficulty?

GO ON TO QN. 4

If meals prepared by others outside household (2, 4, 6, 7)

(b) Do you always get at least one good cooked meal a day?

Yes	4
No, not wanted every day	5
No	6
Other answers (specify)	7

4. Who usually does most of your shopping?

Self	Y ask (a)
Spouse	X
Joint self/spouse	0 ask (a)
Child (in-law) in household	1
Child (in-law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend/neighbor outside household	6 ask (b)
Home Help/welfare worker	7 ask (b)
Private domestic help	8
Other person outside h/d (Specify)	9 ask (b)

ONE
CODE
ONLY

If does own shopping (Y) or joint (0)

(a) Are you able to do your shopping without much difficulty?

Yes	1
No	2 ask (i) (b)

If some difficulty (2)

(i) What is the difficulty?

Can't carry (heavy) shopping	1
Can't walk too far (to shops), etc.	2
Shops too far away, transport difficult	3
Other (specify)	4

CODE
ALL
THAT
APPLY

5	6
7	8
9	0
Y	X

(a) How do you manage?

GO ON TO QN. 5

If shopping done by others outside h/d

(b) Does this work out alright?

5. Who usually does most of your housework?

Self	Y ask (a)
Spouse	X
Joint self and spouse	0 ask (a)
Child (or-law) in household	1
Child (in-law) outside household	2 ask (b)
Other relative in household	3
Other relative outside household	4 ask (b)
Other person in household	5
Friend or neighbour outside household	6 ask (b)
Home Help	7 ask (b)
Private domestic help	8
Other person outside household (specify)	9 ask (b)

ONE
CODE
ONLY

If does own housework (X) or Joint (b)

(a) Are you able to do your own housework without difficulty?

Yes	1
No	2 ask (i) (i)

If No (2)

(i) What sort of things do you have difficulty with?

Jobs involving bending/kneeling/stretching	Y
Heavy jobs (carrying coals/turning mattresses, etc.)	X
Laundry/ironing	0
Window cleaning	1
Others (specify)	2
	3
	4 5 6
	7 8 9

CODE
ALL
THAT
APPLY

(ii) How do you manage to do them?

GO ON TO QN. 6

If done by others outside h/d

(b) Is this satisfactory, or would you like more help?

Satisfactory	1
Like more help	2

I'd particularly like to ask about window-cleaning.

6. Do you do them yourself, pay someone to clean the windows for you, or does someone in the household do them?

No one	0
CODE Self	1 ask (b)
ALL Someone else in household	2
THAT Pay someone	3 ask (b) (c)
APPLY Someone (not paid) outside h/d	4 ask (d)
Home help	5

If no one (0), self (1) or someone else in h/d (2)

(a) Do you (they) have any difficulty doing them?

Yes	6 ask (i)
No	7

If has difficulty (6)

(i) Would you like someone to come along and clean your windows?

Yes	8
No	9

Go on to Qn. 7

If pay someone (3)

(b) How often does he do them?

(c) How much does it cost each time?

Go on to Qn. 7

If someone (not paid) outside h/d (4)

(d) Who does them? (position)

7. Do you usually have any difficulty	Yes	No
(a) Going out of doors on your own?	Y	X
(b) Going up and down stairs on your own?	0	1
(c) Getting about the house on your own?	2	3
(d) Getting in and out of bed on your own?	4	5
(e) Washing yourself?	6	7
(f) Bathing?	8	9
(g) Dressing yourself?	1	2
(h) Cutting your own toenails?	3	4

8. Do you go to a chiropodist (have your feet done)? (Establish whether private or welfare).

Yes (private)	Y
Yes (welfare)	X
No	0

If Yes (Y) (X)

(a) How often do you have them done?

(b) Do they give you any trouble between visits, so that you would like to go more often?

ONE Trouble, would like more often	1
CODE Trouble, not like more often	2
ONLY No trouble, like more often	3
No trouble, not more often	4

TO ALL
 Introduce—I'd like to ask about other
 services provided by the Council or the
 Welfare (and any Vol. Organisations).

9. Do you have a Home Help?

Yes 1 on note
 No 2 on to
 Qn. 21. Ask
 Qn. 21-23

[Use or check question if already
 told has home help or home help
 Sample.]

Home Help Sample—ask Qn. 10-20,
 24, 25. Rest having home help (not
 sample)—on to Qn. 26.

10. For how long have you been having a
 home help?

[Note: Qns. 10-20 refer to present
 period—if previously had home help,
 note details here.]

11. Who first suggested you ought to have a
 home help (this time)?

12. Why did..... think you ought
 to have one (this time)?

13. How many days a week does she come?

14. What days does she come?
 Monday 1
 Tuesday 2
 Wednesday 3
 Thursday 4
 Friday 5
 Saturday 6
 Sunday 7

[If comes different days some
 weeks—note circumstances here.]

15. What time does she usually come?

Before 8 a.m. 1
 8 a.m.-8.55 2
 9 a.m.-9.55 3
 10 a.m.-10.55 4
 11 a.m.-11.55 5
 12 noon-12.55 6
 1 p.m.-1.55 7
 2 p.m.-2.55 8
 3 p.m. or later 9
 Any time in morning (vacant) 0

16. How long does she stay?

1 hour per day 1
 1½ hours per day 2
 2 hours per day 3
 2½ hours per day 4
 3 hours per day 5
 Other periods (specify) per day 6

Check No. of days (Q15) and No. of
 hours (Q16)

17. That means she comes for (write in No.)
 hours a week?

18. How much do you pay for your home
 help per week?

[If answer given per hour record
 and work out later.]

..... s. d.

If paying more than the minimum rate

19. Would they let you have her more days
 or for longer periods, if you could afford
 to pay for the extra hours involved?

Yes 1
 No 2
 Don't know 3

ASK ALL

20. Do you usually have the same home
 help or do different home helps come?

Usually same home help Y
 Other answers (specify) X

GO ON TO QN. 24

21. Have you had a home help in the last
 5 years?

Yes Y ask (a)
 No X ask Qn. 22

If Yes (Y)

(a) How long ago did she stop coming?

(b) Why did you have her then?

(c) Why did she stop coming?

(d) Would you have liked her to have
 kept coming?

Yes 1
 No 2

22. Do you think you need a home help
 now?

Yes 4
 No 5

Record comments

23. Is there anything at all that might lead
 you to refuse a home help, or not to
 apply for one?

No, nothing 0
 Other answers (specify) 1

O

GO ON TO QN. 26
 Page 6

ASK Qs. 24 OF HOME HELP SAMPLE only

I'd like to read you a list of some of the things home help do in some areas—could you tell me which of them your home help does for you?—(read each item, and code Yes or No.) Then ask, for each item except (i), (m), (n), (o).

24. If Yes: (a) How do you manage about..... on the days she doesn't come?

If No: (b) Do you do your own..... or does someone help you? (If done own—probe for any difficulty. If other person, probe relationship and note whether part of household.)

<p>(a) Dusting/polishing/ sweeping.</p> <p>Yes 1</p> <p>No 2</p>	<p>(b) Cleaning floors, etc.</p> <p>Yes 1</p> <p>No 2</p>	<p>(c) Make fire/HE coal baskets.</p> <p>Yes 1</p> <p>No 2</p> <p>D.N.A. (no fire) ... 3</p>
<p>(d) Make the beds.</p> <p>Yes 1</p> <p>No 2</p>	<p>(e) Wash up.</p> <p>Yes 1</p> <p>No 2</p>	<p>(f) Prepare and cook light meals.</p> <p>Yes 1</p> <p>No 2</p>
<p>(g) Make tea/coffee.</p> <p>Yes 1</p> <p>No 2</p>	<p>(h) Help you wash yourself/ bathe.</p> <p>Yes 1</p> <p>No 2</p>	<p>(i) Do some laundry here.</p> <p>Yes 1</p> <p>No 2</p>
<p>(k) Shopping?</p> <p>Yes 1</p> <p>No 2</p>	<p>(l) Take washing to Laundry.</p> <p>Yes 1</p> <p>No 2</p> <p>(m) Collecting pension/ allowance.</p> <p>Yes 3</p> <p>No 4</p> <p>(n) Does she do anything else? If so, what?</p> <p>Yes 5</p> <p>No 6</p>	<p>(o) Do you send any washing to the laundry? If so, what articles?</p> <p>No washing to laundry 0</p> <p>Bed-linen 1</p> <p>CODE ALL THAT APPLY Towels 2</p> <p>Table linen 3 ask (a)</p> <p>Other household ... 4</p> <p>Personal laundry... 5</p> <p>If any sent (1-5)</p> <p>(a) How much does it cost per week?</p>

Qn. 25 applies to HOME HELP SAMPLE ONLY. Other Samples—GO ON TO QN. 26.

25. If the home help could come more often, or stay longer, how would you like her to spend the extra time? Would you like her to

Do some things more often? Yes..... Y
(Specify which things)

INDIVIDUAL No..... A

PROMPT Spend more time on things she already does Yes..... X
(Specify) - No..... B

Do jobs she doesn't do now Yes..... 0
(Specify) No..... C

ASK ALL

[Apart from home helps there other health and welfare services—I'd like to ask about some of them.]

26. Do you have meals-on-wheels delivered?

Yes..... Y ask (a)

No..... 0

If Yes (Y)

(a) How many dinners a week?.....

[Where part of dinner is saved for next day, this is only one dinner.]

If also has home help—ask (b)

(b) Were you getting them before you first had the home help, or did they start coming after you had the home help?

Before home help..... 1

About the same time..... 2

After home help..... 3

27. Does the District Nurse call on you now?

Yes..... Y ask (a)-(c)

No..... 0

If Yes (Y)

(a) For about how long has she been attending you?

(b) What help (treatment) does she give you?

(c) How long does she stay?

28. Does the Health Visitor call on you now?

Yes..... Y ask (a)

No..... 0

If Yes (Y)

(a) For about how long has she been coming?

29. Do you have anyone coming from the Welfare just to visit you?

Yes..... Y

No..... 0

Apart from the things we've mentioned before—

30. Do you have any other welfare services?

Yes..... Y ask (a)

No..... X

If Yes (Y)

(a) Specify

31. Are you attending a hospital out-patients or clinic?

Yes..... 1 ask (a) (b)

No..... 2

If Yes (1)

(a) How often do you attend?

(b) How long do you have to wait before you see the doctor (get treatment)?

32. Do you see your doctor regularly, or only when you need him specially?

Subject visits doctor regularly..... 0 ask (a)

Dr. visits subject regularly..... 1 ask (a)

Only when needed specially..... 2 ask (b) (c) (d)

If seen regularly (b) (1)

(a) How often do you see him?

More than once a week..... 3

Once a week..... 4

ONE CODE ONLY Every 2 or 3 weeks..... 5

Once a month/4 weeks..... 6

Other periods (specify)..... 7

If only when needed (2)

(b) How long ago was the last time you saw him (for yourself)?

(c) What was the trouble then?

(d) Did you go to his surgery, or did he come to see you?

Went to surgery..... 1

Sent for him..... 2

<p>Doctors are very interested in heating of rooms—so I'd like to ask you about heating arrangements in the room you use most, and also your bedrooms.</p>		<p>37. Do you use any heating in your bedroom in cold weather?</p>	
<p>33. In which room do you spend most of the day (time when you're at home)?</p>		<p>D. N. A. Bedsitter 0</p>	
<p>Living room 1</p>		<p>Yes 1</p>	
<p>ONE Bedsitter 2</p>		<p>No 2</p>	
<p>CODE ONLY Bedroom 3</p>		<p>38. In which room do you generally undress when going to bed, and dress in the morning?</p>	
<p>Kitchen 4 ask (a)</p>		<p>Living room/bedsitter 1 Dress Undress 1 6</p>	
<p>If Kitchen (4)</p>		<p>Bedroom 2 7</p>	
<p>(a) Why do you use the kitchen, rather than your living room (bedsitter)?</p>		<p>Bathroom 3 8</p>	
<p>○</p>		<p>Kitchen 4 9</p>	
<p>34. How do you usually heat this (the) room?</p>		<p>Other (specify) 5 0</p>	
<p>Central heating Y</p>		<p>39. Do you have any heat on so that it's warm when you're dressing and undressing?</p>	
<p>Solid fuel fire/heater X</p>		<p>No heat dressing or undressing 1</p>	
<p>CODE Electric fire/heater 0</p>		<p>ONE Heat both dressing and undressing 2</p>	
<p>ALL Gas heater 1</p>		<p>CODE Heat dressing only 3</p>	
<p>THAT Electric floor-warming 2</p>		<p>ONLY Heat undressing only 4</p>	
<p>APPLY Oil heater 3</p>		<p>40. Do you have and use an electric blanket?</p>	
<p>Other (specify) 4</p>		<p>Have, and use 1</p>	
<p>5 6</p>		<p>ONE Have, doesn't use 2 ask (a)</p>	
<p>7 8 9</p>		<p>CODE No electric blanket 3</p>	
<p>35. Do you feel warm enough in the room in winter?</p>		<p>If has, but doesn't use (2)</p>	
<p>Yes 1</p>		<p>(a) Why don't you use it?</p>	
<p>No 2 ask (a)</p>		<p>41. Do you use anything (also) to warm the bed?</p>	
<p>If No (2)</p>		<p>No, nothing 1</p>	
<p>(a) Why do you think this is?</p>		<p>Hot water bottle 2</p>	
<p>○</p>		<p>CODE Hot brick 3</p>	
<p>36. Do you always sleep in the bedroom—or do you sometimes or always sleep in the living room?</p>		<p>THAT Electric bed warmer 4</p>	
<p>D. N. A. Bedsitter (our room only) 6</p>		<p>APPLY Spoons 5</p>	
<p>Always sleep in bedroom 7</p>		<p>Other (specify) 6</p>	
<p>Sometimes (always) in living room 8 ask (a)</p>		<p>42. Do you generally feel nice and warm in bed, or do you find sometimes you're too cold to sleep, or wake up cold, or anything?</p>	
<p>If sometimes (always) in living room (8)</p>		<p>Generally warm in bed 1</p>	
<p>(a) Why is that?</p>		<p>Other comments (specify) 2</p>	
<p>○</p>		<p>REHOUSED SAMPLE: SCORE THROUGH NEXT PAGE, AND GO ON TO BLUE Q&N. 49, page 9.</p>	
<p>ALL OTHERS—continue on to next page.</p>		<p></p>	

ALL EXCEPT REHOUSED—Introduce

Can you tell me something about the amenities you have here?

43. Do you have

(A) Electricity (mains supply)?

Yes 1
No 2 ask (a)

(B) Gas (mains supply)?

Yes 3
No 4 ask (a)

If No (2) or (4)

(a) What do you use

(i) For cooking?

Electricity 1
Gas 2
Solid fuel 3
Oil 4
Other (specify) 5

(ii) For lighting?

Electricity 6
Gas 7
Oil 8
Other (specify) 9

44. Do you have a kitchen (separate room for cooking, scullery). [Establish if necessary whether sole use or shared with other h/ds.]

D.N.A. Hotel, Home, etc. X

ONE Sole use of kitchen 1

CODE Shared kitchen 2

ONLY No kitchen 3 ask (a)

If no kitchen (3)

(a) Do you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities 5
No cooking facilities 6

45. Do you have a fixed bath. [Establish if necessary whether sole use or shared with other h/ds.]

D.N.A. Hotel, institution, etc. X

ONE Sole use of fixed bath 1

CODE Share fixed bath 2

ONLY No fixed bath 3

46. Do you have a piped water supply here (in this house/dw.). [Establish if necessary whether sole use or shared with other household.]

D.N.A. Hotel, institution X

ONE Sole use of piped water supply 1

CODE Shared piped water supply in

dwelling 2

No piped water supply to dwelling 3

47. Do you have a w.c. (flush toilet). [Establish if necessary whether sole use or shared with other h/ds.]

D.N.A. Hotel, institution, etc. X

ONE Sole use of w.c. 1

CODE Shares w.c. with other households 2

ONLY No w.c. 3

If has w.c. (1,2)

(a) Do you have to go outside the house to get to it?

	1st	2nd
Yes	1	1
No	2	2

[If more than one w.c. code 1st and 2nd.]

(b) In relation to the room in which you spend most time during the day, is it

	1st	2nd
On same level	9	9
Upstairs	1	1
Downstairs	2	2

48. Taking into account the house itself the housekeeping arrangements, and everything else—are you satisfied with the way you are living?

REHOUSED—ON TO PAGE 9—BLUE
ALL EXCEPT REHOUSED—ON TO
NEXT WHITE PAGE 13.

REHOUSED SAMPLE ONLY.

Ask Qns. 49-52.

ALL OTHERS—GO ON TO QN. 73.

49. Where were you living before you got this (flat)?

50. How long had you been living there before coming here?

Less than 1 year ..	0
1 year but less than 3..	1
3 years but less than 5..	2
5 years but less than 7..	3
7 years but less than 10..	4
10 years but less than 15..	5
15 years but less than 20..	6
20 years but less than 30..	7
30 years but less than 40..	8
40 or more ..	9

51. How far away was it from here?
How long would it take you to get there if you wanted to go back (usual method)?

Less than 5 minutes ..	Y
5-10 minutes ..	0
11-15 minutes ..	1
16-20 minutes ..	2
21-30 minutes ..	3
31-45 minutes ..	4
46-60 minutes ..	5
Over 1 hour (specify) ..	6

—ASK (1)

IF MORE THAN 15 MINUTES AWAY

(a) When you were first offered this place, did you think of returning it, because you wanted to live nearer your old home?

Yes ..	1—ASK (1) (a)
No ..	2

IF THOUGHT OF RETURNING

(i) What made you change your mind and take it?

(ii) Are you satisfied now you are here, or would you still prefer to be nearer your old home?

Satisfied now ..	Y—GO TO QN. 52
Prefer to be nearer ..	X—ASK (A)

IF PREFER TO BE NEARER (X)

(A) Why would you prefer to be nearer your old home?

52. When you lived there, who lived with you?

(NOTE.—What is required here is household immediately before moving—probe freely to establish clustering criteria.)

Institution (hosp., home, etc.) ..	9
No-one—Lived alone ..	Y—ASK (ii)
OTHER	
ALL	
THAT	
APPLY	
(Code Y)	
husb	
stand	
on	
own	

IF LIVED ALONE (Y) OR SPOUSE ONLY (X ONLY)

(ii) Did you have any children or relatives who lived near you, and came in to help?

No children/relatives near	0
Near and helped ..	1—ASK (i)
Near, didn't help ..	2

IF NEAR AND HELPED (1)

(i) Do they still live near enough to come and see you and help?

No, too far ..	5
Yes, come and help ..	6
Yes, come, no help ..	7

53. Did you want to move, or did you have to?

Wanted to move... ..

Had to move... ..

Both... ..

1—
ASK (a)

2—
ASK (b)

3—
ASK (a) and (b)

IF WANTED TO MOVE (1) (3)

(a) For what reason(s) did you want to move?

IF HAD TO MOVE (2) (3)

(b) What were the reason(s) for your having to move?

54. For how long were you on the waiting list before being given this flat?

Never on waiting list... ..

Less than 3 months... ..

3 months—less than 6 months... ..

ONE 6 months—less than 12 months... ..

CODE 6-10 years... ..

ONLY 10 years or over... ..

(Specify)... ..

0

Y

X

0

6

7

Can you tell me something about the amenities you had where you lived before?

55. Did you, where you lived before, have

(A) Electricity (mains supply)

Yes... ..

No... ..

(B) Gas (mains supply)

Yes... ..

No... ..

IF NO (2,4)

(a) What did you use

(i) For cooking?

Electricity... ..

Gas... ..

Solid fuel... ..

Oil... ..

Other (specify)... ..

(ii) For lighting?

Electricity... ..

Gas... ..

Oil... ..

Other (specify)... ..

56. Did you have a kitchen (separate room for cooking, seelery)

[Establish if necessary whether sole use or shared with other households]

D.N.A.—Hotel, institution

ONE Sole use of kitchen... ..

CODE Shared kitchen... ..

ONLY No kitchen... ..

X

1

2

3

ASK (x)

IF NO KITCHEN (3)

(a) Did you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities... ..

No cooking facilities... ..

57. Did you have a fixed bath [Establish if necessary whether sole use or shared with other households]

D.N.A.—Hotel, institution

ONE Sole use of fixed bath... ..

CODE Shared fixed bath... ..

ONLY No fixed bath... ..

X

1

2

3

58. Did you have a piped water supply in that dwelling (house/flat)?

[Establish if necessary whether sole use or shared with other households]

D.N.A.—Hotel, institution

ONE Sole use of piped water supply... ..

CODE Shared piped water supply in dwelling... ..

ONLY No piped water supply to dwelling... ..

9

5

6

7

59. Did you have a w.c. (flush toilet)?
[Establish if necessary whether sole use or shared with other households.]

	D.N.A. (Hotel/institution)	X	} ASK (a)
ONE	Sole use of w.c.	1	
ONE	Shared w.c. with other	2	
ONLY	households	3	
	No w.c.		

IF HAD W.C. (L2)

- (a) Did you have to go outside the house to get to it?

	Yes	1st	2nd
	No	1	2

[If more than one w.c. indicate 1st and 2nd]

- (b) In relation to the room in which you spent most time during the day, was it

	On same level	9	9
UPPER	Upstairs	1	1
LOWER	Downstairs	2	2

60. When you were offered this (flat, house) were you shown over before you accepted the offer?

Yes	..	Y ASK (a)
No	..	X ASK (b)

IF YES (Y)

- (a) Who took you and showed you over?

GO ON TO QN. 61

IF NO (X)

- (b) How long was it before you moved in that you saw over the ()?

- (c) Who went with you to see it?
[Probe for anyone from Housing Dept.]

61. Once you had accepted this (flat, ...) how long was it before the tenancy started?

62. Was this long enough for you to make your arrangements, or would you have preferred a bit more time before you were expected to move in?

Long enough to make arrangements	Y
Would have liked more time	X—
	ASK (a) (b)

IF WANTED MORE TIME (X)

- (a) How much longer would you have liked?

A few days, less than 1 week	0
1 week—less than 2	1
2 weeks—less than 3	2
3 weeks—less than 4	3
4 weeks or a month	4
Longer than a month (Specify)	5

- (b) Did you suggest to the Housing people that your tenancy be held up for a bit?

Yes	..	Y—ASK (c)
No	..	X

IF SUGGESTED (Y)

- (i) What happened?

63. Were you able to arrange to get things like electricity and gas laid on without any difficulty?	Y N— ASK (a) (b)	I'd like to ask about (other) services provided by the Council, or the Welfare before you moved here.	
No difficulty ..		66. Were you having a home help before you moved here?	Yes .. 1 No .. 2
Some difficulty ..			
IF SOME DIFFICULTY (X)		67. Again, before you moved here, did you have Meals-on-Wheels then?	Yes .. 3 No .. 4
(a) What was the difficulty?			
		68. Did you go to the foot clinic (have a welfare checkup) before you moved here?	Yes .. 5 No .. 6
(b) Did anyone help you?			
		69. Were you having visits from the Health Visitor before you moved?	Yes .. 7 No .. 8
64. Did you know you could have access to the (flat) before your tenancy started so that you could measure up for curtains and carpets and see if your furniture would fit?	Y N— ASK (a)	70. Did you have any other Welfare services before you moved here? [Probe for district name.]	Yes .. 1— No .. SPECIFY 2
Yes ..		IF YES (1)—Specify—	
No ..			
IF DIDN'T KNOW COULD HAVE ACCESS (X)			
(a) How did you arrange about measuring and so on?			
65. Did you have anybody to help with things like packing and unpacking, and settling the furniture, when you moved?	Y N— ASK (a) ASK (b)	71. No. of rooms in previous dwelling. . . [For exclusive use of old person household.]	
Yes ..		[Exclude bathroom, scullery and kitchen unless it is big enough to eat in. If any rooms not used because house too big, etc., they should be included.]	
No ..			
IF YES (Y)			
(a) Who was it helped you?— (Specify)			
.....			
IF NO (N)		72. Ownership of previous dwelling.	
(b) Did you have any difficulty or trouble over the actual move?	1— N— ASK (c) 2	Owner/Owner (subject or spouse) .. 1	
Yes ..		Lesseeholder (paid gd. rent only) .. 2	
No ..		L.A. or Council tenant .. 3	
		L.A. or Council (tenant) not tenant .. 4	
		Rented, not Council .. 5	
		Boarder .. 6	
		Lived rent free .. 7	
		Other (specify) .. 8	
IF YES (1)			
(c) Could you have done with someone from the Council to have helped?	Yes .. 3 No .. 4		

REHOUSED - SAMPLE-OMIT this page-ALL OTHERS-ASK questions on this page but for HOUSING WAITING LIST use Qns 71, 74 and 75 as check questions (the informant may have now changed his/her mind about moving)-do not forget to ask 73(a) and 74(a) and (b).

ALL OTHER SAMPLES ask all questions.

73. Would you like to move or stay here?

Like to move..... 1 ask (a) (b)

Stay here 2 go on to Qn. 75

Those who would like to move (I)

(a) Why do you want to leave here?

O

(b) What sort of place would you like to move to?

74. Have you applied to the (this) Council for rehousing?

Yes 6 ask (a) (b)

No 7 ask (a) next col.

If applied (a)

(a) How long ago was that?

Less than 6 months..... Y

6 months but less than 1 year 0

1 year but less than 2 years 1

ONE 2 years but less than 3 years 2

CODE 3 years but less than 4 years 3

ONLY 4 years but less than 5 years 4

5 years but less than 10 years 5

10 years or more (specify) 6

(b) What happened about your application?

If not applied (7)

(c) Why haven't you applied to the Council for rehousing?

(If reply is to effect that it would be useless-probe to get reasons for thinking this)

O

75. Would you take a (another) Council house if it were offered to you?

Yes 3 ask Qn. 76

No 4 on to Qn. 77 next page.

Councils can't always build in the centre, or where they want to, and sometimes have to build on the outskirts.

76. If you were offered a place, would you accept it wherever it was or would you refuse to go to some parts of the town?

Accept anywhere..... 1

Refuse some parts 2 ask (a)

If would refuse (2)

(a) Would the distance away from here have anything to do with it, or are there other things?

Distance 3 ask (i)

Other things (specify)..... 4

If distance (3)

(i) How far away would it have to be to make you refuse?

COMMENTS HERE

ASK ALL

RESIDENTIAL WAITING LIST—Use Qn. 77 as check.

77. Have you ever seriously thought of applying for a place in an Old People's Home?

- Yes, seriously..... 1 } ask (a) & (b)
 Yes, but not seriously..... 2 }
 No..... 3

If Yes (1) (2)

(a) Why did you then think you would be better off there?

(b) Do you still feel that way?

- Yes..... 1
 No..... 2 } ask (c)
 D.K..... 3

If No (3) or D.K. (3)

(c) Why is that?

RESIDENTIAL WAITING LIST ONLY

78. Has an application been made for a place for you in an Old People's Home?

- Yes..... 1 ask (a)
 No..... 2
 D.K..... 3

If Yes (1)

(a) Whose idea was it that you apply? (Give relationship or position—not name.)

Check Qn. 77. If (c) not answered—ask

(b) Why do you (did they) think you would be better off in a home?

ASK ALL

79. Have you in the last 5 years applied to the Council or Welfare for (any sort of) help, and not been given it?

- Yes..... 1 ask (a) (b)
 No, incl. never applied..... 2

If applied unsuccessfully (1)

(a) What did you apply for?

(b) Why do you think you didn't get help?

80. Have you in the last 10 years gone to a convalescent home through the Council, or to one of their homes for a short rest (or while the family was on holiday)?

- Yes..... 1 ask (a)–(c)
 No..... 2 ask (d) on next page

If has gone (1)

(a) How long ago was that?

(b) Why was this arrangement made?

(c) Would you go again if the opportunity arose?

If never been (2)

81. (d) Do you think it is a good idea to offer people a chance of going into one of the Homes just for a couple of weeks for a rest (or when the family go on holiday)?

82. Is there anything more that you think could be done to help people of retirement age? (65 or over.)

83. Is there anything you think could or ought to be done which would help you (and the rest of the family)?

TURN BACK TO QNS. 3-5.

If a younger member of household (other than spouse) is responsible for most cooking (or shopping) or housework, ask to see that member.

Interviewer—Your mother (father, etc.) tell me you do most of the.....

84. Is there anything you think the Council or Welfare could do to help you look after her here?

[If you see this person in another room or out of hearing of old person, make sure you reassure old person that you only want to help to keep the family together.]

[Note here if question put or answered.]

While old person listened..... 1

Out of sight and earshot..... 2

TO ALL CLASSIFICATION

85. Type of accommodation

L.A. Old People's flat with warden ... Y

L.A. Old People's flat, bed-sitter ... X

L.A. Old People's flat, one bedroom..... 0

Other flat in block..... 1

Rooms in house 2 ask (a)-(b)

ONE Self-contained flat in house..... 3

CODE Bungalow 4

ONLY Whole house—2 or more floors..... 5

Hotel/boarding-lodging house 6

Public inst./hospital..... 7

Private nursing home..... 8

Other (specify)..... 9

..... 9

If part of house (4)

(a) How many other households live in house?

(b) Are any members of these other households related to subject—if so, relationship.

No relation..... 0

Relationship (specify).....

.....

HOUSEHOLD COMPOSITION

86.

Relationship to Subject	Sex M F	Working F P N	Age
A SUBJECT	1 2	3 4 5	
B	1 2	3 4 5	
C	1 2	3 4 5	
D	1 2	3 4 5	
E	1 2	3 4 5	
F	1 2	3 4 5	
G	1 2	3 4 5	

87. Marital status of subject

- Single 1
 Married 2
 Widowed, divorced, separated 3

88. Ownership of dwelling (subject or spouse)

- Owner/occupier (subject or spouse) 1
 Leaseholder (paid g.d. rent/low duty only) 2
 L.A. or Council tenant 3
 L.A. or Council house, not tenant 4
 Rented, not Council 5
 Boarder 6
 Lived rent free 7
 Other (specify) 8

89. (a) No. of rooms for use of h/d

- (b) No. of rooms for exclusive use of old person and 1

[Exclude bathroom, scullery and kitchen unless it is big enough to eat in. If any rooms not used because house too big, etc., they should be included.]

If owner-occupier (Qn. 88, code 1 or 2) and no. of rooms for use of household (Qn. 89(a)) exceeds no. of people in h/d, ask Qn. 90.

90. If you could find a suitable place costing less than you could get for this house, would you consider moving?

- Yes Y ask (a)
 No X

If Yes (Y)

(a) In those circumstances, would you move:—

INDIVIDUAL (i) Within this district 1

PROMPT (ii) Outside this district, but in same town 2

[Code only if yes.] (iii) Out of this town but in surrounding/nearby areas 3

(iv) Right away from this area 4 ask (b)

If right away (4)

(b) Where would you prefer to go?

91. Telephone:—

Phone for use of h/d, can use 1

ONE Phone for use of h/d, cannot use 2

CODE No phone in h/d, but can use 3

ONLY No phone in h/d, cannot use 4

92. How many years have you lived in (name town/R.D.) (years)

93. How long have you lived here? (this address) (years)

(If less than 1 year, enter "0")

If less than 10 years

(a) Did you live round about here before that (any within 15 mins. normal means)?

Yes 0

No 1

94. INCOME OF SUBJECT—If living with Spouse, give joint income and code:—

Single income Y

Joint income X

Ring code for Source Joint income X

SOURCE	per week
1. Wages/salary £..... s.....	
2. Retirement/O.A.P.	
3. National Assistance	
4. Other Govt. grants/pensions	
5. Private/firm's pensions	
6. Other income (specify)	

If details for any source not given, try to get code for source. Whether or not sources obtained, if amounts not given, show card to obtain total net income and record:—

Total net income group ...

a	b	c
Off Use		

95. Entry to dwelling

Level from street Y

Gentle slope from street X

Steepish slope from street 0

Steps/stairs (no lift) 1

ONE (No. of steps) One only 1

CODE 2 or 3 2

ONLY 4 to 8 (one flight) 3

2 flights 4

3 or more 5

Lift from ground floor to entry 6

Other (specify) 7

SOCIAL WELFARE FOR THE ELDERLY

S.S.366

(i) Interviewer.....		If on more than one sample record both (a) Serial No(s).	Area	(a)	(b)	(c)	(d)	(e)	(f)
Authorization No.									
(ii) Date of Interview.....196		(vii) Serial No(s).							
(iii) Time interview started.....									
(iv) Order of interview or non-contact		(ix) Name of subject.....							
(v) Result of final call Interview completed ..	1	BLOCK CAPS.							
Interview part completed ..	2	Address							
No interview ..	3							
(vi) Person interviewed:— Subject (single)	4	(x) IF NON-CONTACT OR REFUSAL—Reason—giving as much detail as possible e.g. if none, appears active/walks with stick, etc. If not seen, state who gave reason or details.							
Subject (jointly)	5								
<p>NO PROMISES can be taken. When subject is too confused or irrational, or too ill to be interviewed (excluding temporary illness where an interview may be carried out at a later date), give details as non-contact.</p>									
<p>(INTERVIEW—To begin with, I'd like to ask how you manage) ...</p> <p>1. Are you usually able to get out and about all right (part from bad weather)?</p> <p>Yes .. Y</p> <p>No .. X</p>		<p>IF BEDFAST PERMANENTLY (1) ask (a) What keeps you in bed?</p> <p>IF USUALLY HOUSEBOUND (2,4) ask (a) What stops you going out?</p>							
<p>2. Establish whether informant is:—</p> <p> BEDFAST, permanently ..</p> <p> BEDFAST, temporarily, usually HOUSEBOUND ..</p> <p> BEDFAST, temporarily, usually GOES OUT ..</p> <p> HOUSEBOUND, permanently ..</p> <p> HOUSEBOUND, temporarily, usually GOES OUT ..</p> <p> USUALLY GOES OUT ..</p>		<p>1—ASK (a) (b)</p> <p>2—ASK (a) (b)</p> <p>3—GO ON TO 3</p> <p>4—ASK (a) (b)</p> <p>5 GO TO 3</p> <p>6 GO TO 3</p>							
<p>TEMPORARILY covers any disability from which subject is expected to recover, e.g. broken leg makes subject bedfast, or at present house-bound because of bad cold.</p> <p>HOUSEBOUND includes those who normally only get as far as the front gate, garden, etc.</p> <p>GOES OUT includes those who can only go out with a helper, but where a helper is generally available.</p>		<p>(b) How long is it since you've been able to get up (go out)?</p> <p>1 month or less .. Y</p> <p>Over 1 month—3 months .. X</p> <p>Over 3 months—6 months .. 0</p> <p>Over 6 months—1 year .. 1</p> <p>Over 1 year—2 years .. 2</p> <p>Over 2 years—3 years .. 3</p> <p>Over 3 years—4 years .. 4</p> <p>Over 4 years—5 years .. 5</p> <p>Over 5 years—10 years .. 6</p> <p>Over 10 years .. 7</p> <p>Vague/s long time/D.K. ... 8</p>							

3. How long have you been at
..... (the Home)?
- Less than 6 months ..
6 months, but less than
1 year ..
1 year but less than
3 years ..
3 years but less than
5 years ..
5 years but less than
7 years ..
7 years but less than
10 years ..
10 years or over ..
(Specify) ..

X
0
1
2
3
4
5

4. Do you like it here?

5. Is there anything you miss, living
here that you had or did at home?

6. Just before you came to this Home,
were you living in your own home,
or house with friends or relatives?
Lived at home/private
house ..
one In hotel/boarded house ..
code In another County Home ..
only In hospital ..
In private nursing home ..
Other institution (Specify) ..

1 } ON TO
2 } QN. 7
3 }
4 } —ASK
5 } (a)
6 }

IF IN INSTITUTION (3-6)

- (a) How long were you in that other
Home, hospital, etc.?

- (b) Where did you live before going
into ..?

Domiciliary residence ..
In a boarding house/hotel ..
In another County Home ..
In hospital ..
In private nursing home ..
Other institution (Specify) ..

1 —ON TO
QN. 7
2 }
3 } —ASK
4 } (a)
5 }
6 }

- (c) How long ago was it since you've
lived in a house of your own (or
in a private house with relatives
or friends)?

Questions 7-30 refer to the
last domiciliary residence
(including hotel, etc.) before
going into any Home/or
hospital/nursing home.

7. When you lived (quote place/type

Qn. 6), who lived with you?
Hotel/boarded house, etc.
ALL No-one, lived alone ..

THAT Spouse ..
APPLY

[Code Married children) ..
Y and Unmarried sons) ..
9 and Unmarried daughters) ..
some Grandchildren ..
on Other relative 65 or over ..
own Other relative under 65 ..
Non-relative 65 or over ..
Non-relative under 65 ..

9
Y—
ASK (a)
X—
ASK (a) if
applies
0
1
2
3
4
5
6
7

IF LIVED ALONE (Y) OR SPOUSE ONLY
(X) ONLY.

- (a) Did you have any children or
relatives who lived near you,
and came in to help?

one No children/relative near ..
code Near and helped ..
ONLY Near, didn't help ..

0
1
2

8. How far away was your old home
from here? How long would it take
you to get there if you wanted to go
back, or anyone from there wanted
to come and see you? (Usual
method.)

Up to 10 minutes ..
10-15 minutes ..
one 16-20 minutes ..
code 21-30 minutes ..
ONLY 31-45 minutes ..
46-60 minutes ..
Over 1 hour (Specify) ..

0
1
2
3
4
5
6 } —ASK
(a)

IF MORE THAN 15 MINUTES AWAY
(2-6)

- (a) Is this distance all right for you
or would you prefer to be nearer
your old home?

Distance all right ..
Prefer to be nearer ..

Y
X—
ASK (i)

IF PREFER TO BE NEARER (X)

- (i) Why would you prefer to be
nearer your old home?

9. How long had you lived in ..
(sample town) before coming into
a Home?
(Complete years)
(Months only if under 1 year)
..... years

I'd like to ask something about the sort of house you lived in before.

[Record information, if necessary, that we want details of residence immediately before they went to any Home, hospital, public institution.]

10. TYPE OF ACCOMMODATION [Establish]

ONE	L.A. old peoples' flat with warden ..	Y
CODE	L.A. old peoples' flat (bed-sitter) ..	X
ONLY	L.A. old peoples' flat (one-bedroom) ..	0
	Other flat in block ..	1
	Room in house ..	2—
		code
	Self-contained flat in house	(a) (b)
	Bungalow ..	3
	Whole house (2 or more floors) ..	4
	Hotel / boarding - lodging house ..	5
	Other (specify) ..	6
		9

IF PART OF HOUSE (2)

(a) How many other households (excl. you) lived in the house? ..

(b) Were any members of these other households related to you; if so, in what way?

No relations .. 0

Relationship (specify) .. Y

11. OWNERSHIP OF PREVIOUS DWELLING (—subject or Spouse)

ONE	Owner/Owner ..	1
CODE	Landholder (paid gd. rent only) ..	2
ONLY	L.A. or Council tenant ..	3
	L.A. or Council, not tenant ..	4
	Rented, not Council ..	5
	Boarder/Guest ..	6
	Lived rent free ..	7
	Other (specify) ..	8

12. (a) No. of rooms for use of household

(b) No. of rooms for use of old person h/d. (exclusive use) ..

[Exclude bathroom, scullery, and kitchen unless it is big enough to eat in. If any rooms not used because house too big, etc. they should be included.]

13. Did you have

(A) Electricity (main supply)?

Yes .. 1
No .. 2—
ASK (a)

(B) Gas (main supply)?

Yes .. 3
No .. 4—
ASK (a)

or no (2) (4)

(a) What did you use

(i) For cooking?

Electricity 1
Gas 2
Solid fuel 3
Oil 4
Other (specify) 5

(ii) For lighting?

Electricity 6
Gas 7
Oil 8
Other (specify) 9

14 Did you have a kitchen (separate room for cooking, scullery)?
Establish if necessary whether sole use or shared with other h/ds.

N.A. (Hotel/boarding house, etc) .. X
Sole use of kitchen .. 1
Shared kitchen .. 2
No kitchen .. 3—
ASK (a)

IF NO KITCHEN (3)

(a) Did you have any cooking facilities (able to boil at least one saucepan)?

Some cooking facilities .. 5
No cooking facilities .. 6

15. Did you have a fixed bath? [Establish if necessary whether sole use or shared with other h/ds]

N.A. (Hotel, etc) .. X
Sole use of fixed bath .. 1
Share fixed bath .. 2
No fixed bath .. 3

16. Did you have a piped water supply there? [Establish if sole use or shared with other households]

Sole use of piped water supply .. 1
Shared piped water supply in dwelling .. 2
No piped water supply to dwelling .. 3

17. Did you have a w.c. (flush toilet)? (Establish if necessary whether sole use or shared with other households.)					
D.M.A. (Hospital, etc.) ..	X				
Sole use of w.c. ..	1				
Shared w.c. with other households ..	2				
No w.c. ..	3				
IF HAD W.C. (1,2)					
(a) Did you have to go outside the house to get to it?		1st	2nd		
Yes ..		1	1		
No ..		2	2		
[If more than one w.c. code list and 2nd.]					
(b) In relation to the room in which you spent most time during the day, was it					
sun- On same level? ..		9	9		
ding Upstairs? ..		1	1		
reacord Downstairs? ..		2	2		
[Planned informant, if necessary, we want information about conditions before going into any Home/public institution.]					
I'd like to ask about services provided by the Council, or the Welfare, just before you moved to a Home.					
18. Did you have a Home Help (before you moved here)?					
Yes ..		1			
No ..		2			
19. Did you have Meals-on-Wheels then?					
Yes ..		3			
No ..		4			
20. Did you go to the Foot Clinic or have a Welfare Chiropodist (before you moved here)?					
Yes ..		5			
No ..		6			
21. Was the District Nurse calling (fairly regularly) then?					
Yes ..		Y			
No ..		X			
22. Was the Health Visitor calling (fairly regularly) when you lived at home?					
Yes ..		7			
No ..		8			
23. Did you have any other Welfare Services when you lived at home?					
Yes ..		1-			
No ..		SPECIFY			
2					
IF YES (1): Specify					
.....					
24. Did you see your doctor regularly, or only when you needed him specially?					
Subject visited doctor regularly ..		0			
Dr. visited subject regularly ..		1			
Only when needed specially ..		2			
IF SEEN REGULARLY (3) (1)					
(a) How often did you see him?					
More than once a week ..		3			
Once a week ..		4			
Every 2 or 3 weeks ..		5			
Once a month/4 weeks ..		6			
Other periods (specify) ..		7			
.....					
25. Before you moved in here, were you usually able to get about all right (apart from bad weather)?					
26. Establish whether informant was BEDFAST, permanently ..		1-ASC			
		(all)			
BEDFAST, temporarily, usually HOUSEBOUND ..		2-ASC			
		(all)			
BEDFAST, temporarily, usually WENT OUT ..		3-ON TO			
		QW. 27			
HOUSEBOUND, permanently ..		4-ASC			
		(all)			
HOUSEBOUND, temporarily, usually WENT OUT ..		5			
		GO TO			
		ON. 27			
USUALLY WENT OUT ..		6			
		ON. 27			
TEMPORARILY covers any disability from which subject was expected to recover, e.g. broken leg made subject bedfast, or was then house-bound because of bad cold.					
HOUSEBOUND includes those who normally only got as far as the front gate, garden, etc.					
WENT OUT includes those who could only go out with a helper, but where a helper was generally available.					
IF WAS BEDFAST PERMANENTLY (1) OR USUALLY HOUSEBOUND (2, 4) ask (a) What kept you in bed then? or (all) What stopped you going out then?					

Before you came here, how did you manage about housekeeping arrangements?

27. Who usually prepared and cooked most of your meals?

Self	Y—
Spouse	ASK (a)
Joint self/spouse	X
Child (in-law) in household	0—
Child (in-law) outside household	ASK (a)
Other relative in household	1
Other relative outside household	2—
Other person in household	ASK (b)
Friend or neighbor outside household	3
Other person in household	ASK (b)
Friend or neighbor outside household	4—
Other person in household	ASK (b)
Friend or neighbor outside household	5
Other person in household	ASK (b)
Friend or neighbor outside household	6—
Other person in household	ASK (b)
Friend or neighbor outside household	7—
Other person in household	ASK (b)
Friend or neighbor outside household	8
Other person in household	ASK (b)
Friend or neighbor outside household	9

IF COOKED AND PREPARED OWN MEALS (Y) OR JOINT (0)

(a) Were you able to get at least one cooked meal a day without difficulty?

Yes	1
No	2—
	ASK (i)

IF SOME DIFFICULTY (2)

(i) What was the difficulty?

GO ON TO QM 28

IF MEALS PREPARED BY OTHERS OUTSIDE HOUSEHOLD—(2, 4, 6, 7)

(b) Were you always able to get at least one good cooked meal a day?

Yes	4
No, not wanted	5
No	6
Other answer (specify)	7

28. Who usually did most of the shopping?

Subject himself (himself)	Y—
Spouse	ASK (a)
Joint self/spouse	X
Child (in-law) in household	0—
Child (in-law) outside household	ASK (a)
Other relative in household	1
Other relative outside household	2—
Other person in household	ASK (b)
Friend or neighbor outside household	3
Other person in household	ASK (b)
Friend or neighbor outside household	4—
Other person in household	ASK (b)
Friend or neighbor outside household	5
Other person in household	ASK (b)
Friend or neighbor outside household	6—
Other person in household	ASK (b)
Friend or neighbor outside household	7—
Other person in household	ASK (b)
Friend or neighbor outside household	8
Other person in household	ASK (b)
Friend or neighbor outside household	9—
Other person in household	ASK (b)
Friend or neighbor outside household	0

IF DID OWN SHOPPING (Y)—OR JOINT (0)

(a) Were you able to do your shopping without much difficulty?

Yes	1
No	2—
	ASK (i) (i)

IF SOME DIFFICULTY (2)

(i) What was the difficulty?

CODE	Couldn't carry (heavy) shopping	1
ALL	Couldn't walk too far (to shops), etc	2
THAT	Shops too far away/transport difficult	3
APPLY	Other (specify)	4
		5 6
		7 8 9
		Y X 0

(b) How did you manage?

GO ON TO QM 29

IF SHOPPING DONE BY OTHERS OUTSIDE HOUSEHOLD (2, 4, 6, 7, 9)

(b) Did this work out alright?

29. Who usually did most of the housework?

Self	Y—
Spouse	ASK (a)
Joint self/spouse	X
	0—
	ASK (a)
Child (in-law) in household	1
Child (in-law) outside household	2—
	ASK (b)
Other relative in household	3
Other relative outside household	4—
	ASK (b)
Other person in household	5
Friend or neighbour outside household	6—
	ASK (b)
Home Help	7—
	ASK (b)
Private domestic help	8
Other person outside household	9—
(Specify)	ASK (b)

IF DID OWN HOUSEWORK (Y) ON JOINT (U)

(a) Were you able to do your own housework without difficulty?	
Yes	1
No	2—
	ASK (U) (U)

IF NO (Z)

(i) What sort of things did you have difficulty with?	
Jobs involving bending/	
no kneeling/stretching	Y
PROMPT Heavy jobs (carrying	
code coals/turning mattresses,	X
etc.)	0
ALL Laundry, ironing	1
THAT Window cleaning	2
APPLY Others (specify)	

(ii) How did you manage to do them?

GO ON TO 30

IF DONE BY OTHERS OUTSIDE HOUSEHOLD

(b) Was this satisfactory, or would you have liked more help?	
Satisfactory	1
Like more help	2

30. When you lived at home, did you usually have any difficulty—

	Yes	No
(i) Going out of doors on your own?	Y	X
(ii) Going up and down stairs on your own?	0	1
(iii) Getting about the house on your own?	2	3
(iv) Getting in and out of bed on your own?	4	5
(v) Washing yourself?	6	7
(vi) Bathing?	8	9
(vii) Dressing yourself?	1	2
(viii) Cutting your own toenails?	3	4

31. What about now?

Do you now usually have difficulty?	Yes	No
(i) Going out of doors on your own?	Y	X
(ii) Going up and down stairs on your own?	0	1
(iii) Getting about the house on your own?	2	3
(iv) Getting in and out of bed on your own?	4	5
(v) Washing yourself?	6	7
(vi) Bathing?	8	9
(vii) Dressing yourself?	1	2
(viii) Cutting your own toenails?	3	4

Now—about coming to (same place).

32. Whose idea was it that you should come and live here?

13. And what did you feel about it?
Did you want to become a resident?
(Verbatim and code)

Yes .. 1--
ASK (a)
No .. 2--
ASK (b)

IF WANTED TO BECOME RESIDENT (1)

- (a) Why did you think this would
be best?

IF DIDN'T WANT TO COME (2)

- (b) What were the reason(s) for your
becoming a resident?

34. How long did you have to wait to
come here before you got a place?

..... years. months

35. When you first came, was it for a
trial period, so that if you didn't
like it, you could return home?

Yes .. Y
No .. X

COMMENTS

36. Before you actually came here to
live, did you come and see over
(the house)?

Yes .. 1--
ASK (a)
No .. 2--
ASK (b)

IF YES (1)

- (a) Who suggested you should come
and see it?

GO ON TO QN. 37

IF NO (2)

- (b) Were you told anything about
what to expect when you came
here?

Yes .. 3--
ASK (1) (b)
No .. 4

IF YES (3)

- (c) What sort of things were you
told about?

- (d) Do you think knowing what to
expect helped you to settle more
easily? (Record comments)

37. Now you are living here do you think it's best for you to stay, or do you really think it would be better if you could have a home of your own?

Best to stay
Want a home of own

1—
re-assure*
2—
ASK (a) 30
(f)

* Re-assure those wanting to stay that there is no question of their going—we just want to know they are satisfied.—GO ON TO QM. 38.

IF WANTS HOME OF OWN (2)

- (a) What are your reasons for this?

NOTE:—Make sure informant understands that this does not mean they will be moved.

- (b) If you were offered a place of your own, do you have enough of your own furniture to furnish, could you get enough, or would you need help to furnish?
Have enough furniture
Could get it
Need help to furnish

- (c) Do you think you could manage the housework, cooking and shopping if you set up house again for yourself?

Yes
No

- (d) If you did set up home would you need the make-on-when so you wouldn't have to cook every day?

Yes
No

- (e) Would you need a home help?

Yes
No

Y
O

- (f) Are there any other things you would need help with if you lived on your own again? If no, what? (Specify)

Repeat again that asking these questions does not mean informant will be moved.

38. AGE, SEX AND MARITAL STATUS OF SUBJECT

SUBJECT	AGE	SEX	MARITAL STATUS		
		M. F.	M.	S.	W.
		1 2	3	4	5

39. Finally, can I ask you something about your financial position?

- (i) Income of subject—If living with spouse give joint income and code:—

WING CODE Single income Y
FOR SOURCE Joint income X

SOURCE	NET PER WEEK
2. Retirement/O.A.P.	£.....s
3. National Assistance	£.....s
4. Other Government grants/pensions	£.....s
5. Private/firm's pensions	£.....s
6. Other income (specify)	£.....s

If details for any source not given, try to get code for source; whether or not sources obtained, if sources not given, show code to obtain total net income and record:—

Total net income group

	a	b	c
OFFICIAL USE			

40. Talk to old person for about 5 minutes before leaving.

DR.

SOCIAL WELFARE FOR THE ELDERLY

S.S.366

A. HOSPITALS

1. Have you, or your partners, had more than usual difficulty in the last 12 months in obtaining admissions to hospital for any patient aged 65 or over?

Yes .. 1—
ASK (a) (b)
No .. 2—
ON TO QN. 2

IF YES, SOME DIFFICULTY

- (a) About how many cases have there been in the last 12 months?

- (b) What were the difficulties? Were they administrative or others?—
e.g. did you have difficulty in getting hospital admission for elderly patients with chronic illness?

3. Do you think the provision of hospital beds is sufficient to meet the needs of your elderly patients (aged 65 or over)?

Yes .. 1—
ON TO QN. 4
No .. 2—
ASK (a)

IF NO, NOT SUFFICIENT

- (a) What extra provision do you think is necessary?

4. Have you, in the last 12 months, sent any patients to hospital who could have been nursed at home if full domiciliary services had been available?

Yes .. 1—
ASK (a)
No .. 2

IF YES

- (a) What services were needed which could not be supplied?

2. Have you any elderly patients (aged 65 or over) not in hospital whom you think should be in hospital?

Yes .. 1
No .. 2

IF YES

- (a) About how many?

- (b) Why do you think they should be in hospital?

Isolation of relatives to
CODE scope .. 1
ALL Bad housing/social con-
THAT dition .. 2
APPLY Need medical care .. 3
Need nursing care .. 4
Other reasons (specify) .. 5

- (c) Are any of these on a waiting list for hospital admission? If so, how many?

None .. 0
Number .. 1-5

B. RESIDENTIAL ACCOMMODATION (Part III)

5. Have you any elderly patients (aged 65 or over) whom you think should be in Part III accommodation?

Yes ..
No ..

1—
ASK (a)
2—
GO ON TO Q6

IF YES

- (a) Is this because the patient refuses to go, or there was difficulty in gaining admission?

Refuses to go ..
Admission difficulty ..

1—
ASK (d)
2—
ASK (b) (c)

- (b) Have you recommended any to the Welfare Officer, or supported applications for accommodation for any of them (in the last 12 months) which have not been accepted? If so—how many?

None ..
Number of rejections ..

0

- (c) Why was admission refused?

IF PATIENT REFUSES TO GO

- (d) Are there any difficulties specially related to Local Authority or County Homes which might make the patient refuse—e.g. might have to leave the area—Home might be too far away for visits from children?

No special reasons ..
(Specify reasons)

0

Short stay homes

6. Do you think any of your elderly patients—or relatives who are looking after them—would benefit if the elderly patient were able to go to a Home for a short stay?

Yes ..
No ..

Y—
ASK (b)
X—
GO TO Q6
?

IF YES

- (a) Would any of your elderly patients agree to accept such an arrangement—if so, can you estimate how many?

None ..
Estimated No. who would accept ..

0

7. Have you ever tried and succeeded in arranging such a short stay for any of your elderly patients?

Not tried ..
Tried and succeeded ..
Tried and sometimes not succeeded ..

1—
2—
ASK (b)
3—
ASK (b) IF APPLIC. AND (3)

IF TRIED SUCCESSFULLY

- (a) In the last 12 months, how many short-stay visits have been arranged or approved by you (or your patients)?

None in last 12 months ..
Number ..

0

IF SOMETIMES NOT SUCCEEDED

- (b) Why do you think the Authorities did not make place(s) available?

Convalescent or recuperative holidays

8. Have you tried, in the last 12 months to arrange a convalescent or recuperative holiday for any of your patients aged 65 or over, and not been successful?

Not tried ..
Tried and succeeded ..
Tried, sometimes unsuccessfully ..

0
1
2—
ASK (b)

IF TRIED UNSUCCESSFULLY

- (a) Why do you think places were not available?

C. HOUSING

9. In what circumstances (housing, social or medical) would you recommend or support an application for rehousing elderly people (65 or over)?

10. Do you at present have any patients 65 or over who would benefit from being rehoused as L.A. purpose built old people's dwellings or flats with warden care.

Yes ..
No ..

1—
ASK (a) (b)
2

IF YES

- (a) How many in:

- (i) Flats with warden care?

(1) Single persons

(2) Double units

- (ii) Other L.A. purpose built dwellings:

(1) Single persons

(2) Double units

- (b) Have you recommended or supported any application from an elderly person in the last 12 months, where the applicant has not yet been rehoused?

Yes ..
No ..

1—
ASK (a)
2

IF YES

- (a) Do you know why no action has been taken?

11. Is there anything you can suggest as regards housing which would benefit people aged 65 or over?

D. DOMESTIC AND SUPPORTIVE SERVICES

I. Home Help

12. Do you have any elderly patients at present who would benefit from the services of a home help, but cannot get one?

Yes ..
No ..

3—
ASK (a) (b)
4

IF YES

- (a) About how many such patients at present?

- (b) Why cannot they get a home help?

13. Are there any elderly patients on your list who have a home help, but in your opinion need her for

- (a) More hours per visit?

Yes ..
No ..

1
2

- (b) More days per week?

Yes ..
No ..

4
5

14. Have you any elderly patients who will not have a home help, or not have her as often as you think is necessary, because they cannot afford the charges?

Yes ..
No ..

1—
ASK (a)
2

IF YES

- (a) Can you estimate how many at present?

15. Have any of your elderly patients had a home help taken away suddenly, without replacement? If so, how many in last 12 months?

None ..
Number in last 12 months ..

6

16. Is there anything you can suggest that would make the home help service more effective in helping people aged 65 or over?

II. Meals-on-Wheels

17. Are there any of your elderly patients who would in your opinion benefit from having meals-on-wheels delivered, but are not having them?

Yes ..
No ..

1—
ASK (a) (b)
2

IF YES

- (a) About how many at the present time?

- (b) Why are they not getting them?

18. Are there any elderly patients on your list at present who get meals-on-wheels, but need them for more days a week?

Yes ..
No ..

5—
ASK (a) (b)
6

IF YES

- (a) About how many elderly patients?

- (b) How many days a week do you think meals should be made available?

19. Is there anything you can suggest that would make the meals-on-wheels service more effective in helping elderly patients?

III. Health Visitor

20. In some areas, Health Visitors are attached to the G.P.s. Is this the practice in this area?

Yes ..
No ..

1—
ASK (a)
2—
ASK (b)

IF YES (1)

- (a) In your opinion, has this attachment been of benefit to your elderly patients? If so, in what way?

IF NO (2)

- (b) Do you think such an attachment would be of benefit to your elderly patients?

Yes ..
No ..

8
9

ASK ALL

21. Is the Health Visitor service adequate in this area?

Yes ..
No ..

1
2

22. Is there anything you can suggest which would make the Health Visitor service more effective in helping people of 65 and over?

IV. Chiropody

23. Are there any of your elderly patients who are not receiving treatment but would, in your opinion, benefit from a chiropody service?

Yes ..
No ..

1—
ASK (a)
2

IF YES

- (a) Why are they not getting treatment?

24. Is there anything you can suggest that would make the chiropody service more effective in helping people 65 or over?

V. Nursing Service

25. Do you think the District Nursing Service is adequate?

Yes ..
No ..

1
2

26. Do you find it difficult to get a nurse in every day for elderly patients with (a) Acute illnesses?

Yes ..
No ..

4
5

- (b) Chronic illnesses?

Yes ..
No ..

6
7

27. In some areas a bathing service (operated by enrolled nurses) is given. Does this happen in this area?

Yes ..
No ..

Y
N—
ASK (a)

If No

- (a) Do you think the introduction of such a service would help elderly patients by relieving the District Nurse?

30. Are there any other services which you think ought to be provided by either the Local or County authorities which would benefit people aged 65 and over? If so—What?

There are some ill elderly people who are refused admission to hospital on the grounds that there is no treatment for their illness, and to Homes on the grounds that they cannot look after themselves sufficiently well to meet the Homes' requirements.

31. Have you any such patients? If so, about how many?

None ..
Number at present ..

0

28. Is there anything you can suggest which would make the Nursing Service more effective in helping people 65 and over?

32. What should be done to help such patients?

E. OTHER SERVICES

29. Are there any other services provided by either the Local or County authorities for people aged 65 or over which you find benefit any of your patients? If so, what are they?

33. Can you make any other suggestions which might lead to improved health and welfare facilities for people aged 65 and over in this area?

SOCIAL WELFARE FOR THE ELDERLY

S.S.366

1. How many home helps (persons) have you? Female Male		8. What is the house on which you allocate a home help at the present time?	
2. How many hours a week in total was worked last week?			
3. Does this include travelling time from home (current) to dwelling? Yes .. No ..	1--- ASK (a) 2	Some authorities bar applicants under certain circumstances, such as having a certain standard of income, or a daughter in the house.	
IF YES (1)			
(a) How much of total time spent do you estimate as travelling?		9. Do you operate an income bar at any level? Yes .. No ..	1--- ASK (a) 2
4. Can you estimate the proportion of all home help time spent on cases involving people 65 and over?		IF YES (1)	
5. During last week, how many old people's dwellings benefited from the home help service?		(a) What is the maximum income an applicant can have and still get a home help through your service?	
6. From whom will you accept recommendations for a home help? Doctors District Nurses Health Visitors Hospital almoners Voluntary workers/organisations General public	1 2 3 4 5 6 } ---ASK (a)	10. If the applicant has a daughter or daughter-in-law living with her/his, would you allocate a home help? (a) If the daughter were working? Yes .. No ..	1 2
IF FROM OTHER THAN DOCTORS (CODES 2-6)		(b) If the daughter were not working? Yes .. No ..	1 2
(a) Do you ever always ask for a doctor's certificate, or sometimes give help as a result of your own assessment? Always ask for Doctor's certificate On own assessment	1 2	11. What about sons? Would you allocate if living with a son? Yes .. No ..	1 2
7. Do you or a member of your staff investigate every case personally? Yes .. No ..	1 2--- ASK (a)	12. Is there any limit on the rooms a home help keeps clean, e.g. if living with son/daughter who is working, does housework include their room or communally used rooms such as bathrooms, kitchen, etc.?	
IF NO (2)			
(a) What sort of cases would you accept without investigation?			

13. What about restrictions in the kind of work they do? May they

	Yes	No
(a) Sweep/dust/clean/polish ..	1	2
(b) Make/lay fires	3	4
(c) Carry coals	5	6
(d) Make beds	7	8
(e) Do shopping	9	0
(f) Collect passengers/allowances ..	1	2
(g) Do small articles of laundry/ironing ..	3	4
(h) Operate applicant's washing machine ..	5	6
(i) Go to launderette on behalf of informant ..	7	8
(j) Clean windows	9	0
(k) Help applicants to wash/bathe themselves ..	1	2
(l) Help applicants to dress themselves ..	3	4
(m) Help applicants to go to w.c., empty chamber ..	5	6
(n) Cook a reasonable meal ..	7	8
(o) Make tea/snack meal, etc. ..	9	0
(p) Gardening	1	2
(q) Repair clothing/darning, etc. .	3	4
(r) Make curtains, etc. .. .	5	6
(s) Wash down walls/paintwork ..	7	8
(t) Wash up	9	0
(u) Read newspapers/write letters, etc. ..	1	2
(v) Mend frills/put washers on tops, etc.	3	4

Note any comments on above points here:—

14. Are there any other household duties they may perform?

Yes ..	1—
No ..	ASK (a) 2

IF OTHER DUTIES (1)

(a) What?

15. Are there any jobs which might need doing in a house which they are instructed not to do?

Yes ..	1—
No ..	ASK (a) 2

If yes (1)

(a) What sort of job?

Payment for service

16. Do all applicants, whatever their financial circumstances, have to pay for the services of a home help?

Yes ..	1—
No ..	ASK (2) (3) 2

IF YES (1)

(a) What is the minimum charge per week?

(b) What is the maximum charge per hour?

17. Is a financial investigation made in every case, or only where the applicant says they cannot afford the maximum rates?

In every case	1
Only where full rates are paid	2

18. Are the charges made according to a scale laid down by County or Local Authority, or on your own assessment?

County scale	1
Local authority scale ..	2
No scale + own assessment	3

19. Do you think any applicants do not get, or discontinue the services of home helps because they cannot or will not pay?

Review and discontinuation of service

20. Are the circumstances (not financial) of the applicants reviewed regularly by you or your staff to see if help is still needed?

Yes ..
No ..

1—
ASK (a)
2

IF REVIEWED (1)

(a) What is the procedure for reviewing the circumstances?

21. How often during the past 3 months have you discontinued the service
(i) at the doctor's request? ..
(ii) at the applicant's request? ..

IF ANY—
ASK QN.
22/23
IF ANY—
ASK QN. 23

(iii) as a result of your review? ..

22. What reason did applicant(s) give for discontinuing service?

23. Was the applicant's doctor informed the service was being discontinued?

24. Do you ever have to discontinue service, or cut down the number of hours, of home help to old people because of other demands, e.g. maternity or hospital discharge patients?

Discontinue service ..
Cut down hours ..
Service always adequate ..

1
2
3

25. Is it your policy to try to keep the same home help going to applicants, or do you think that a change of home help from time-to-time is better?

Keep same home help ..
Change home help ..

1, ASK
2, (a)

(a) Why do you think this policy is better?

Staffing of Service

26. Are there any factors which limit your recruiting as many home helps as you think are necessary at the present time? If so, what are they?

27. Do you have any difficulty in recruiting home helps at the present time?

28. If you could get more home helps, do you think your present applicants would benefit from more hours per visit, or visits on more days?

29. Do you think you have enough staff (administrative and unskilled) satisfactorily to cope with running the Service? If not, what additional staff would be useful, and what prevents your getting them now?

30. If you had an unlimited supply of home helps, would you change or relax conditions under which home helps are at present allocated? If so, what changes would you make?

31. Are there any other comments you would like to make about the Service, or any points not covered by this questionnaire?

SOCIAL WELFARE FOR THE ELDERLY

SS.366

HOUSING FOR OLDER PEOPLE

1. Do you have a waiting list for accommodation?

Yes .. 1—
ASK (a)
No .. 2—
GO ON TO (a)

IF YES (1)

(a) Is the list still open?
Yes .. 3—
GO ON TO (b)
No .. 4—
GO ON TO (b)

IF LIST NOT STILL OPEN (4)—OR NO LIST (2)

- (i) Does this mean you are able to satisfy all demands for public housing?
Yes .. 5—
GO ON TO QN. 2
No .. 6—
GO ON TO (b)

IF NO (6)

(ii) Why is list closed?

(iii) How long has it been closed?

(iv) How long do you think it will be before it is re-opened?

- (b) Do you keep a special waiting list for old people?
Yes .. 1
No .. 2

(c) How many extra dwellings would be needed to accommodate all the old people at present on the waiting list?

(d) Do you think there are old people who are badly housed who are not on waiting list?
Yes .. 3—
ASK (i)
No .. 4—
GO ON TO QN. 2

IF YES (3)

(i) Can you give some estimate of the number of dwellings needed for these people?

2. How many L.A. old people's dwellings are there (excluding any "warden-supervised" dwellings)?

No. of bed-sitters ..
No. of one-bedroom ..
Others ..

3. Are all these occupied by at least one older person (aged 60 or over)?
Yes .. 7
No .. 8

4. What is the total number of older people in L.A. old people's dwellings?

5. Is there any provision of "sheltered" housing (i.e. accommodation with warden attendance)?
Yes .. 1
No .. 2—GO ON TO QN. 6

IF THERE IS SHeltered HOUSING

(a) How many different schemes

(b) For each scheme:—

(i) How many dwelling units ..

(ii) No. of older people housed ..

(iii) Does each household have:—

Own kitchen ..

Own bathroom ..

Own w.c. ..

(iv) Are any of the following amenities provided:—

Central heating ..

Hot water supply (central) ..

Communal dining room ..

Communal sitting room ..

T.V. room ..

(v) Are there any other facilities or amenities provided not covered? ..

6. Apart from stem clearance or redevelopment schemes, in what circumstances would you at present release older people in:—

(a) warden supervised dwellings?

(b) ordinary or old people dwellings?

7. In the past 12 months:—
How many older people have been rehoused or housed in old people's accommodation due to stem clearance or other schemes involving compulsory purchase?

8. In the past 12 months:—
How many older people have been rehoused or housed for other reasons (including warden supervised dwellings)?

IF ANY REHOUSED

- (a) What were the reasons?

9. Is it the Council's policy to try to get elderly tenants of their property to move to smaller accommodation units when the family size decreases?

Yes .. 1
No .. 2

GO ON TO
Qs. 10

IF YES (1)

- (a) Does the Council stipulate such movement, or do they try to get agreement without applying pressure?

Stipulate movement .. 1
Try to get agreement .. 2

- (b) Do elderly tenants themselves ask to be moved to smaller units?

Yes .. 3
No .. 4

- (c) In the past 12 months:—
How many elderly council tenants have been moved to smaller accommodation?

At their own request ..
As a result of L.A. suggestion

10. If you were to receive a request from the Admitting Officer to Part III, or a Hospital social worker or geriatrician, saying a patient could be sent home if accommodation could be found, how long would it be before suitable accommodation could be found?

11. Have you ever had such a request? If so, when was the last request, and what happened?

12. Have the Council any plans for increasing old people's accommodation in the near future?

Yes .. 1
No .. 2

IF YES (1)

- (a) What provision has been planned, and when will it be ready for occupation?

- (i) Warden supervised dwellings

- (ii) Bedsiters

- (iii) One-bedroom flats

- (iv) Other types (please describe)

- (b) Do you think this will meet all known need, or will there still be an unmet demand for older people's rehousing?

13. If resources were not limited, in what circumstances would you consider an older person needed rehousing?

14. Are there any restrictions on a decision to waiting lists. If so, what restrictions?

15. Have you, in the last 12 months, rehoused people from Part III accommodation? If so, how many?

SOCIAL WELFARE FOR THE ELDERLY

S.S.366

RESIDENTIAL HOMES (Part III Accommodation)

1. (a) How many Residential Homes for old people does the County have, and how many places are there in each?

(b) Could you tell me how many of the old people in each Home come from (sample town)?

Name and address of Home	Total No. places	No. old people from (sample town)

2. How many old people were admitted from (sample town) last year (1955)?

And in 1954?

3. Apart from the County Homes are there any (sample town) residents in Voluntary Homes for whom the County is making a grant?

IF YES

(a) Name and Address of Homes. No. of residents from (sample town).

(b) Are you able to apply to any of the Voluntary Homes for people to go in?

IF YES: Specify

4. Do you have a waiting list for Part III accommodation?

IF YES

(a) How many are there on the list from (sample town)?

(b) Does this include old people in hospital who are awaiting admission to a Home?

IF YES

(c) How many are there?

(d) Are they allocated places on the same basis as others on the waiting list, or is an exchange system effected?

IF NO

(e) How do you deal with applications from hospitals to admit patients into Part III accommodation?

5. Who usually refers people to you for admission to Part III accommodation?

IF NONE OF

Do you always ask for a medical certificate?

6. Do you follow up all referrals with a home visit?

IF YES

Who visits?

7. On what grounds do you consider a person suitable, or unsuitable, for admission?

8. Is there any regular review of the waiting list?

9. Is there any difference between the types of people allocated to the different Homes?

IF YES

Probe to find out why. Possible differences in design and staffing of Homes, etc.

10. Can the old people go into a Home for a trial period, if they wish, before deciding on whether or not to become a permanent resident?

IF YES

(a) Is this the usual practice?

(b) Does anyone ever decide against staying after the trial period?

11. On admission can the old people remain registered with their own G.P. if they wish to?

IF NO

What arrangements are made for them by the Home then?

12. Are there any short-term stays arranged to give old people a break themselves, or to relieve relatives?

IF YES

(a) How many were there last year (1965)?

(b) On an average how long does each person stay?

13. Do residents ever leave because they are considered fit enough to manage again on their own?

IF YES

Number and examples.

14. Do you think that if suitable housing was available, plus the necessary domiciliary services, there are any residents who are fit enough to live on their own?

IF YES

Has an approach ever been made to the Housing Dept. to rehouse an old person from Part III accommodation?

IF YES

Specify.

IF NO

Why not?

15. What about residents no longer considered fit for Part III accommodation? Do you experience any difficulty in getting them admitted to hospital?

16. Future plans for Part III accommodation.

(a) Any new Homes being built?

(b) Modification to existing Homes?

We are also interested in any grants paid by the County to the housing authorities for warden-supervised housing for old people.

17. Does this County operate any such scheme?

IF YES

(a) How much is the grant?

(b) On what conditions is the grant paid? (Probe for design feature requirements, age of tenants, etc.)

(c) Does the County vet all the tenants?

(d) Does (sample town) have any warden-supervised accommodation?

IF NO

(e) Why not?

18. Do you think warden-supervised accommodation helps to relieve the pressure on Part III accommodation?





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~~10 OCT 1974~~

do

~~12 SEP 1975~~

~~43-10889~~

~~Dec 29/1976~~

~~no record~~



Illustrated by
Printed and published by
THE JOHNSON & SON LITHO CO. LTD.

Litho printed in
48 High Holborn, London W.C.1
10, Castle Street, Edinburgh 2
109 St. Mary Street, Cardiff C.1
Barnard Street, Manchester 2
101, Prince Street, Bristol 1
55, Broad Street, Birmingham 1
10, Green Tower, Belfast B2
and through any bookseller

Printed in England